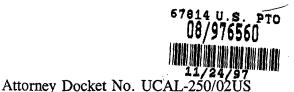


PATENT



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Assistant Commissioner for Patents Washington, D.C. 20231

Box Patent Application

Sir:

- 1. Transmitted herewith for filing is a:
 - a. [X] utility application
 - [] design patent application
 - plant patent application
 - b. Inventor(s): Nelson B. Freimer; Lodewijk A. Sandkujil; Pedro Leon; Victor
 I. Reus; Michael Escamilla; Lynne Allison McInnes; Susan K. Service
 - c. For: METHODS FOR TREATING BIPOLAR MOOD DISORDER
 ASSOCIATED WITH MARKERS ON CHROMOSOME 18P
- 2. Enclosed are:
 - a. [X] 45 sheets of [X] informal [] formal drawing(s).
 - b. [X] an unexecuted Declaration(s) and Power(s) of Attorney.
 - c. [] A Verified Statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27. [] Along with a copy of the assignment, which is not to be recorded.
 - d. [] Certified copy(ies) of application number(s) _ filed .
 - e. [] An Information Disclosure Statement.

	f.	0	A Preliminary Amendment.
	g.	0	A Petition for Expedited Foreign Filing License.
	h.	0	A Declaration of Availability under MPEP 608.01(p)C.
	i.		An Associate Power of Attorney.
	j.		A duplicate copy of this plant patent application.
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3.	This a	pplication	on is a:
		divisio	nal application
	[X]	continu	nation application
	[]	continu	nation-in-part application
	of U.S for fili	S. Appling in the	cation Serial No. 08/916,683, and [] a Petition for Extension of Time are earlier application is enclosed.
referei	Please nce to re	amend elated a	the specification by inserting on page 1, line 3, the following cross-pplications:
			CROSS-REFERENCE TO RELATED APPLICATIONS
	08/916	,683, fi	on is a continuation application of U.S. Application Ser. No. iled August 22, 1997 and claims the benefit of the filing date of United onal Application Ser. No. 60/023,438, filed August 23, 1996
4.	The fil	ing fee	has been calculated as shown below:
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			Small Entity a Small Entity
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			Design Application Fee: \$

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	FOR:	Claims Filed		Extra Claims ¹	Small Rate	Entity Fee		Than a Entity Fee	Total Filing Fee	
	Basic Fee					\$395		\$790	\$790.00	
	Total Claims	16	-20=	0	\$11		\$22	```	\$0.00	
	Independent Claims	7	-3=	4	\$41		\$82		\$328.00	
	Multiple Dependent Claims Presented					\$135		\$270	\$0.00	
	TOTAL								\$1,118.00	
1 If difference is negative, enter "0".										
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Other fees (list individually)										
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	Please charge Deposit Account No. 03-3117 in the amount of \$.									

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- [] A check in the amount of \$ is attached.
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- [X] <u>Conditional Petition for Extension of Time</u>: An extension of time is requested to provide for timely filing <u>if</u> an extension of time is still required after all papers filed with this transmittal have been considered.
- [X] The Commissioner is hereby authorized to charge any underpayment of the following fees associated with this communication, including any necessary fees for extension of time, or credit any overpayment to Deposit Account No. 03-3117:
 - [X] Any filing fees under 37 CFR 1.16 including fees for the presentation of extra claims.
 - [X] Any patent application processing fees under 37 CFR 1.17.

A duplicate copy of this sheet is attached for accounting purposes.

Respectfully submitted,

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PATENT



Attorney Docket No. UCAL-250/01US UC CASE NO. 96-152-2

1	METHODS FOR TREATING BIPOLAR MOOD DISORDER
2	ASSOCIATED WITH MARKERS ON CHROMOSOME 18p
3	
4	<u>ACKNOWLEDGEMENTS</u>
5	This invention was made with Government support under Grant Nos. RO1-MH49499,
6	K21MH00916, awarded by the NIH. The U.S. Government has certain rights in this
7	invention.
8	
9	INTRODUCTION
10	
11	Background
12	
13	BIPOLAR MOOD DISORDER (BP)
14	Manic-depressive illness, or bipolar mood disorder (BP), is characterized by episodes
15	of elevated mood (mania) and depression and is among the most prevalent and potentially
16	devastating of psychiatric syndromes. The most severe and clinically distinctive forms of BP
17	are BP-I (severe bipolar mood disorder) and SAD-M (schizoaffective disorder manic type),
18	and are characterized by at least one full episode of mania, with or without episodes of major
19	depression (defined by lowered mood, or depression, with associated disturbances in
20	rhythmic behaviors such as sleeping, eating, and sexual activity). A milder form of BP is
21	BP-II, bipolar mood disorder with hypomania and major depression. BP-I often co-
22	segregates in families with more etiologically heterogeneous syndromes, such as unipolar
23	major depressive disorder (MDD), which is a more broadly defined phenotype. See
24	McInnes, L.A. and Freimer, N.B., Mapping genes for psychiatric disorders and behavioral
25	traits, Curr. Opin. in Genet. and Develop., 5:376-381 (1995).
26	

TREATMENT OF INDIVIDUALS WITH BIPOLAR MOOD DISORDER

1 An estimated 2-3 million people in the United States are affected by BP-I. Currently, 2 individuals are typically evaluated for bipolar mood disorder using the clinical criteria set 3 forth in the most current version of the American Psychiatric Association's Diagnostic and 4 Statistical Manual of Mental Disorders (DSM). Many drugs have been used to treat 5 individuals diagnosed with bipolar mood disorder, including lithium salts, carbamazepine and 6 valproic acid. However, none of the currently available drugs is able to treat every 7 individual diagnosed with severe BP-I (termed BP-I) and drug treatments are effective in only 8 approximately 60-70% of individuals diagnosed with BP-I. Moreover, it is currently 9 impossible to predict which drug treatments will be effective in particular BP-I affected 10 individuals. Commonly, upon diagnosis affected individuals are prescribed one drug after 11 another until one is found to be effective. Early prescription of an effective drug treatment is 12 13 critical for several reasons, including the avoidance of extremely dangerous manic episodes and the risk of progressive deterioration if effective treatments are not found. Also, 14 appropriate treatment may prevent depressive episodes in BP-I individuals; these episodes are 15

also dangerous and are characterized by a high suicide rate. The high prevalence of the

disorder, together with frequent occurrence of hospitalizations, psychosocial impairment,

suicide and substance abuse, has made BP-I a major public health concern.

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Genetic Basis for Bipolar Mood Disorder

Mapping genes for common diseases believed to be caused by multiple genes, such as BP-I, may be complicated by the typically imprecise definition of phenotypes, by etiologic heterogeneity and by uncertainty about the mode of genetic transmission of the disease trait. With psychiatric disorders there is even greater ambiguity in distinguishing between individuals who likely carry an affected genotype from those who are genetically unaffected. For example, one can define an affected phenotype for BP by including one or more of the broad grouping of diagnostic classifications that constitute the mood disorders: BP-I, SAD-M, MDD, and BP-II. Thus, one of the greatest difficulties facing psychiatric geneticists is uncertainty

regarding the validity of phenotype designations, since clinical diagnoses are based solely on

- 1 clinical observation and subjective reports. Also, with complex traits such as psychiatric
- 2 disorders, it is difficult to map the trait-causing genes genetically because: (1) the BP-I
- 3 phenotype doesn't exhibit classic Mendelian recessive or dominant inheritance patterns
- 4 attributable to a single genetic locus, (2) there may be incomplete penetrance i.e., individuals
- 5 who inherit a predisposing allele may not manifest the disease; (3) the phenocopy
- 6 phenomenon may occur, i.e., individuals who do not inherit a predisposing allele may
- 7 nevertheless develop the disease due to environmental or random causes; (4) genetic
- 8 heterogeneity may exist, in which case mutations in any one of several genes may result in
- 9 identical phenotypes.
- The existence of one or more major genes associated with BP-I and with a clinically
- 11 similar diagnostic category, SAD-M (schizoaffective disorder manic subtype), is supported by
- segregation analyses and twin studies (Bertelson et al., 1977; Freimer and Reus, 1992; Pauls
- 13 et al., 1992). However, efforts to identify the chromosomal location of BP-I genes have
- 14 yielded disappointing results in that reports of linkage between BP-I and markers on
- 15 chromosomes X and 11 could not be independently replicated nor confirmed in the re-
- analyses of the original pedigrees (Baron et al., 1987; Egeland et al., 1987; Kelsoe et al.,
- 17 1989; Baron et al., 1993). The possible localization of BP genes on chromosomes 18
- 18 (pericentromeric region) and 21q has been suggested, but in both cases the proposed
- 19 candidate region is not well defined and there is equivocal support for either location
- 20 (Berrettini et al. (1994) Proc. Natl. Acad. Sci. USA, 91, 5918-5921, Murray, J.C., et al.
- 21 (1994) Science 265, 2049-2054; Pauls et al., Am. J. Hum. Genet. 57:636-643 (1995); Maier
- 22 et al., Psych. Res. 59:7-15 (1995); Straub et al., Nature Genet., 8:291-296 (1994)). Recent
- 23 investigations have led to the isolation of chromosome 18-specific brain transcripts which
- 24 have been suggested to be positional candidates for bipolar disorder (Yoshikawa et al., Am.
- 25 J. Med. Gen. 74, 140-149 (1997)).
- Despite abundant evidence that BP has a major genetic component, linkage studies
- 27 have not yet succeeded in definitively localizing a BP gene. This is mainly because mapping
- 28 studies of psychiatric disorders have generally been conducted under a paradigm appropriate
- 29 for mapping genes for simple Mendelian disorders, namely, using linkage analysis in the
- 30 expectation of finding high lod scores that definitively signpost the location of disease genes.

- 1 The follow up to early BP linkage studies, however, showed that even extremely high lod
- 2 scores at a single location can be false positives. See Egeland, et al., Nature 325:783-787
- 3 (1987); Baron et al., Nature 326:289-292 (1987); Kelsoe et al., Nature, 342:238-243 (1989);
- 4 and Baron et al., Nature Genet. 3:49-55 (1993). These earlier studies used largely
- 5 uninformative markers and did not use stringent criteria for identifying affected individuals.

LINKAGE DISEQUILIBRIUM ANALYSIS

Linkage disequilibrium (LD) analysis is a powerful tool for mapping disease genes and may be particularly useful for investigating complex traits. LD mapping is based on the following expectations: for any two members of a population, it is expected that recombination events occurring over several generations will have shuffled their genomes, so that they share little in common with their ancestors. However, if these individuals are affected with a disease inherited from a common ancestor, the gene responsible for the disease and the markers that immediately surround it will likely be inherited without change, or IBD ("identical by descent"), from that ancestor. The size of the regions that remain shared (i.e. IBD) are inversely proportional to the number of generations separating the affected individuals and their common ancestor. Thus, "old" populations are suitable for fine scale mapping and recently founded ones are appropriate for using LD to roughly localize disease genes more approximately (Houwen et al., 1994, in particular Fig. 3 and accompanying text). Because isolated populations typically have had a small number of founders, they are particularly suitable for LD approaches, as indicated by several successful LD studies conducted in Finland (de la Chapelle, 1993).

LD analysis has been used in several positional cloning efforts (Kerem et al., 1989; MacDonald et al., 1992; Petrukhin et al., 1993; Hastbacka et al., 1992 and 1994), but in each case the initial localization had been achieved using conventional linkage methods. Positional cloning is the isolation of a gene solely on the basis of its chromosomal location, without regard to its biochemical function. Lander and Botstein (1986) proposed that LD mapping could be used to screen the human genome for disease loci, without conventional linkage analyses. This approach was not practical until a set of mapped markers covering

the genome became available (Weissenbach et al., 1992). The feasibility of genome screening using LD mapping is now demonstrated by the applicants.

Identification of the chromosomal location of a gene responsible for causing severe bipolar mood disorder can facilitate diagnosis, treatment and genetic counseling of individuals in affected families.

Due to the severity of the disorder and the limitations of a purely phenotypic diagnosis of BP-I, there is a tremendous need to subtype individuals with BP-I genetically to confirm clinical diagnoses and to determine appropriate therapies based on their genotypic subtype.

SUMMARY OF THE INVENTION

The present invention comprises using genetic linkage and haplotype analysis to identify an individual having a bipolar mood disorder gene on the short arm of chromosome 18. In addition, the present invention provides markers linked to a gene responsible for susceptibility to bipolar mood disorder that will enable researchers to focus future analysis on that small chromosomal region and will accelerate the sequencing of a bipolar mood disorder gene located at 18p.

The present invention provides, for the first time, a localization of a BP-I susceptibility locus to a 300 to 500 kb region of the short arm of chromosome 18.

The present invention is directed to methods of detecting the presence of a bipolar mood disorder susceptibility locus in an individual, comprising analyzing a sample of DNA for the presence of a DNA polymorphism on the short arm of chromosome 18 between SAVA5 and ga203, wherein the DNA polymorphism is associated with a form of bipolar mood disorder. The invention includes the use of genetic markers in the roughly 500 kb region between the SAVA5 locus and the ga203 locus, inclusive, to diagnose bipolar mood disorder genetically in individuals and to confirm phenotypic diagnoses of bipolar mood disorder. Preferably, the sample of DNA is analyzed for the presence of a DNA polymorphism on the short arm of chromosome 18 in the roughly 300 kb region between D18S1140 and W3422.

In a further embodiment, the invention provides methods of classifying subtypes of bipolar mood disorder by identifying one of more DNA polymorphisms located within the 500 kb region between SAVA5 and ga203 loci, inclusive, on the short arm of chromosome 18 and analyzing DNA samples from individuals phenotypically diagnosed with bipolar mood disorder for the presence or absence of one or more of said DNA polymorphisms. Preferably, the sample of DNA is analyzed for the presence or absence of one or more of said DNA polymorphisms in the roughly 300 kb region between D18S1140 and W3422 on the short arm of chromosome 18.

In yet a further embodiment, the methods of the invention include a method of treating an individual diagnosed with bipolar mood disorder comprising identifying one or more DNA polymorphisms located within the 500 kb region of chromosome 18 between SAVA5 and ga203, analyzing DNA samples from individuals phenotypically diagnosed with bipolar mood disorder for the presence or absence of one or more of the DNA polymorphisms, and selecting a treatment plan that is most effective for individuals having a particular genotype within the 500 kb region of chromosome 18 between SAVA5 and ga203. Preferably, the sample of DNA is analyzed for the presence or absence of one or more DNA polymorphisms in the roughly 300 kb region between D18S1140 and W3422 on the short arm of chromosome 18.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a pedigree chart showing two families, CR001 and CR004. Affected individuals are denoted by black symbols, deceased individuals by a diagonal slash. A schematic of each individual's haplotype (where available) is shown below the ID number. Recombinations are denoted by "-x"; consanguineous marriages by a double bar, and the conserved haplotype as black shading within the haplotype bars. The larger conserved region for CR004 is stippled, the larger conserved region for CR001 is indicated by a dashed outline. An "I" underneath the haplotype bars indicates inferred haplotype. A "?" indicates phase is uncertain. The connection between CR001 and CR004, dating to an 18th Century founding couple, is indicated by the dashed lines joining individuals III-6 and I-4.

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1	FIG. 2 is a table of lod scores for markers covering the entire human genome that
2	exceeded the arbitrary coverage thresholds. Lod scores are shown for two markers on
3	chromosome 18: D18S59 and D18S1105.
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5	FIG. 3 depicts the extent of marker coverage used in the pedigree genome screening
6	study for each chromosome. Coverage is defined as regions for which a lod score of at least
7	1.6 would have been detected (in the combined data set) for markers truly linked to BP-I
8	under the model employed. Areas that remain uncovered (at this threshold) are unshaded.
9	Markers for which lod scores were obtained that exceeded the empirically determined
10	coverage thresholds in CR001, CR004, or the combined data set, are shown at their
11	approximate chromosomal location. The symbols to the right of the chromosome indicate the
12	thresholds exceeded at that marker: a circle signifies that the lod score at a marker exceeded
13	the threshold of 0.8 in CR001, a diamond signifies that the lod score exceeded the threshold
14	of 1.2 in CR004, and a star signifies that the lod score exceeded the threshold of 1.6 in the
15	combined data set.

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FIGS. 4A and 4B depicts the Lod score for the maximum likelihood estimate of theta in the combined sample for the 473 microsatellite markers typed in the pedigree genome screen. The MLEs of theta were appointed to the following categories: theta < 0.10; 0.10 \leq theta \leq 0.40; theta \geq 0.40. Note that the scale for the x-axis (distance from pter) changes with chromosomes.

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23 FIG. 5 is a portion of an integrated map of the 5 cM 18pter region of chromosome 24 18.

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26 FIGS. 6A, 6B and 6C are a list of markers on chromosome 18, with map positions noted.

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FIG. 7 describes 18p allele frequencies for disease chromosomes (aff 105) versus nontransmitted chromosomes (ntrans) and samples from a control population of Costa Rican

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1 students and their parents (control). The name of each marker used in this study is indicated 2 on the left. The second column of numbers refers to allele length in base pairs.

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4 FIG. 8 depicts haplotype analysis of individuals affected with BP-I. The column 5 labelled 18p refers to the patient identifier, and each patient identifier is repeated with 2 rows 6 to indicate allele results with each of the patient's two copies of chromosome 18. The columns labelled "PANR" and "MANR" refer to the paternal and maternal identifiers, 7 8 respectively, associated with the particular patient, other than 0, 1 and 2, which indicate that 9 parental samples were not available. The column headings to the right of "PANR" and 10 "MANR" columns represent names of specific markers in the 18p region that were used in 11 the haplotype analysis. The markers are listed in the order they appear on chromosome 18. 12 The allele length (in base pairs) is indicated under the column heading each marker for a particular patient. In the column to the immediate right of each marker column, a "1" indicates that the phase is known, i.e., that it is known whether a particular allele is inherited from the paternal or maternal chromosome, and a "0" indicates that the phase is not definitely known. The shaded horizontal bars depict haplotypes of at least three markers which include a 154 allele length at D18S59, other than patients 218, 225, 232, 234, 311, 314 and 458, where the stippled region depicts small sections that do not have the 154 allele at D18S59. The hatched regions depict uncertainty as to whether the individual has the affected haplotype, as the phase is not known with certainty. In addition, the presence of an allele length of 232 (or 234) with marker ta201 is thought to result from a highly mutable allele and may not be distinct from the 230 allele. Similarly, the 202 allele at ca212 may not be distinct from the 200 allele at ca212. Patients 246, 247, 248, 311, 316, 367, 384, 501, 531, 587, 536, 684, 667 and 669 exhibit a 242, 244, 250, 252 or 214 allele at marker ta201 which indicates a potential marker location. Patients 488, 435 and 236 exhibit haplotypes

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FIG. 9 depicts haplotype analysis of nontransmitted chromosomes from parents of individuals affected with BP-I. The labels "ERSN" and "KID" refer to the parental and patient identifiers, respectively. As above, allele length is provided in base pairs below each

that are distinct from the pedigrees that were analyzed.

marker with an indication as to whether phase was known (1) or not known (0) given to the right of these values. The markers, shading and allele characteristics described for Figure 8 also apply to this figure.

FIG. 10 depicts haplotype analysis of control samples obtained from an unscreened population of students of the University of Costa Rica and their parents representing the general population. Identifiers are provided in the column headed "cont", allele length and phase determination given in the remainder of the table. The markers, shading and allele characteristics described for Figure 8 also apply to this figure. Complete data for all

markers are not given as indicated by blank boxes, or the terms "miss" or "missing".

FIG. 11 depicts Ancestral Haplotype Reconstruction results in disease chromosomes.

DESCRIPTION OF SPECIFIC EMBODIMENTS

The recent availability of highly polymorphic, genetically mapped markers covering the human genome (Weissenbach, J., et al. (1996) Nature 359, 794-801, Murray, J.C., et al. (1994) Science 265, 2049-2054, Gyapay, G., et al. (1994) Nature Genet 7,246-339) has allowed the development of a multi-stage paradigm for mapping genes for complex traits. In the first stages, complete genome screening (e.g. through lod score analysis) is used to identify possible localizations for disease genes. Subsequently, the regions highlighted by the screening study are more intensively investigated to confirm the initial localizations and delineate clear candidate regions. Finally, fine mapping methods (such as haplotype or linkage disequilibrium (LD) analysis) or candidate gene approaches are used for positional cloning of disease genes.

Our genome screening study for BP employed the following strategies. Unlike previous genetic studies of BP, only those individuals with the most severe and clinically distinctive forms of BP (BP-I and schizoaffective disorder manic type, SAD-M) were considered as affected, rather than including those diagnosed with a milder form of BP (BP-II) or with unipolar major depressive disorder (MDD). Two large pedigrees (CR001 and

for further study.

- 1 CR004) were selected from a genetically homogeneous population, that of the Central Valley
- 2 of Costa Rica (as described in Escamilla, M.A., et al., (1996) Neuropsychiat. Genet. 67,
- 3 244-253, and in Freimer, N.B., et al. (1996) Neuropsychiat. Genet. 67, 254-263, both
- 4 incorporated by reference herein). The entire human genome was screened for linkage using
- 5 mapped microsatellite markers and a model for genetic analysis in which most of the linkage
- 6 information was derived from affected individuals. The goal of this stringent linkage
- 7 analysis was to identify all regions potentially harboring major genes for BP-I in the study
- 8 population. Empirically determined lod score thresholds (using linkage simulation analyses)
- 9 were derived, to suggest regions worthy of further investigation.

Identification of all suggestive regions and weighing the relative importance of findings required complete screening of the genome. The coverage approach was developed to gauge the progress of this effort. Conventionally, the thoroughness of genome screening is evaluated by excluding genome regions from linkage under given genetic models. This approach, which is highly sensitive to misspecification of genetic models, may be poorly suited for genome screening studies of complex traits; it is tied to the expectation of finding linkage at a single locus and demonstrating absence of linkage at all other locations in the genome. Additionally, exclusion analyses do not differentiate between genome regions where linkage is not excluded because markers are uninformative in the study population from those in which the genotype data are simply ambiguous. In contrast, the coverage approach is designed for studies aimed at genome screening rather than for studies where the goal is to demonstrate a single unequivocal linkage finding, and it provides explicit data regarding the informativeness of markers in the study pedigrees. Its use lessens the possibility that one would prematurely dismiss a given genome region as being unpromising

Because the exact genetic length of chromosomes is not clearly established, it is impossible to be certain that one has screened the entire genome. Although we report coverage of about 94% of the genome (under the 90%) dominant model) at the thresholds described above, this probably represents an underestimate. The remaining coverage gaps in our study occur predominantly at or near telomeres; as the upper bound estimates for the

length of each chromosome were used, it is likely that the actual coverage gaps in these regions are smaller than our conservative assessment.

The presence of consistently positive lod scores over a given region was considered to be of greater significance than isolated peak lod scores. Such clustering suggests true co-segregation of markers and phenotypes (i.e. alleles are shared identically by descent rather than identically by state) and is more readily observed in analyses of a few large pedigrees (as in our study) than in examination of several smaller families. The data presented herein indicates clustering of positive lod scores in the region of the telomere of 18p.

The genome screen was conducted in two stages. The Stage I screen identified areas suggestive of linkage, so that those areas could be saturated with available markers, and so that regions, referred to as 'coverage gaps', could be pinpointed where markers were insufficiently informative in our sample to detect evidence of linkage. The Stage II screen followed up on regions flanking each marker that yielded peak lod scores approximately equal to or greater than the thresholds used for the coverage calculations, which were deemed regions of interest, and filled in coverage gaps. The results of the complete genome screen (Stages I and II) using 473 markers is described below.

In addition, linkage disequilibrium analysis of an independently collected sample of 48 unrelated BP-I patients was initially conducted. These patients were from the same ancestral population as the patients in the CR001 and CR004 pedigrees. The LD analysis was conducted with markers on the short arm of chromosome 18 (18p), in a 5 centimorgan (cM) region ("5 cM 18pter region") extending from the end of the 18p telomere to a distance of 5 cM along the short arm of chromosome 18 (18p). The LD analysis gave evidence of LD in this region, particularly at marker D18S59 and also at D18S476. LD analysis of further BP-I patients from the CRCV with markers in this 5 cM 18pter region was conducted to confirm and fine map a BP-I gene in this region. This approach, using additional BP-I patients from this CRCV population and additional markers identifies the region of maximum LD and can precisely localize a BP-I susceptibility gene.

Fine mapping of 5 cM 18pter region resulted in the identification of two DNA markers (D18S1140 and W3422) defining the boundaries of BP-I as approximately 300 kb, thus allowing a systematic search for the BP-I gene(s).

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A conservative approach to linkage analysis was used in that almost all of the information for linkage is derived from individuals with a severe, narrowly defined phenotype. While this approach made it very unlikely that lod scores greater than conventional thresholds of statistical significance (e.g. ≥3) would be obtained, it provided confidence in the robustness of the most suggestive findings.

Direct cDNA selection can be used to isolate segments of expressed DNA from the 300 kb region between D18S1140 and W3422 (M. Lovett, J. Kere, L.M. Hinton, *Proc.*

- 8 Natl. Acad. Sci. USA 88 9628-9632 (1991); Y.-S. Jou et al., Genomics 24 410-413 (1994)).
- 9 By using bacterial artificial chromosomes (BAC) (e.g., commercially available from
- 10 Research Genetics Inc. Huntsville, Alabama), a group of cDNAs can be identified, and
- 11 hybridization and PCR-amplification experiments can be used to determine if these cDNA
- 12 segments are derived from the 300 kb region.

The cDNAs can then be used to determine whether specific sequences are expressed at lower levels (or not at all) in affected individuals compared to non-carrier individuals. Measurement of mRNA levels in lymphoblastoid cell lines can be used as an initial screen. The cell lines are prepared by drawing blood from individuals, transforming the lymphoblasts with EBV and growing the immortalized cells in culture. Total RNA and DNA are extracted

from the cultured human lymphoblastoid cell lines. Northern blot hybridization is used to

determine reduced levels of a specific sequence compared to levels from an unaffected, non-

carrier individual as a result of mutations in the BP-I gene on the chromosomes from these

affected individuals which results in decreased levels of mature mRNA and play a primary

role in BP-I. Thus, alterations in gene sequences in affected individuals can be determined.

The polymerase chain reaction (PCR) is used to amplify the gene and to determine its sequence from affected individuals. Sequence comparison with unaffected, non-carrier individuals is carried out to identify polymorphisms in the gene sequence that are responsible for BP-I.

The identification of the biochemical defect that causes BP-I provides a basis for treatments for this disease. In addition, knowledge that certain mutations in the gene are responsible for the disease allows mutation detection tests to be used as a definitive diagnosis for BP-I.

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Thus, the present invention allows the isolation of a nucleic acid molecule that can be 1 used in the identification of the presence (or absence) of a mutation in the BP-I gene a human 2 and thus can be used in the diagnosis of BP-I or in the genetic counseling of individuals, for 3 example those with a family history of BP-I (although the general population can be screened 4 as well). In particular, it should be noted that any mutation in the BP-I gene away from the 5 normal gene sequence is an indication of a potential genetic flaw; even so-called "silent" 6 mutations that do not encode a different amino acid at the location of the mutation are 8 potential disease mutations, since such mutations can introduce into (or remove from) the gene an untranslated genetic signal that interferes with the transcription or translation of the 9 gene. Thus, advice can be given to a patient concerning the potential for transmission of BP-10 I if any mutation is present. While an offspring with the mutation in question may or may 11 not have symptoms of BP-I, patient care and monitoring can be selected that will be 12 appropriate for the potential presence of the disease; such additional care and/or monitoring 13 can be eliminated (along with the concurrent costs) if there are no differences from the 14 normal gene sequence. As additional information (if any) becomes available (e.g., that a 15 16 given silent mutation or conservative replacement mutation does or does not result in BP-I), the advice given for a particular mutation may change. However, the change in advice given 17 does not alter the initial determination of the presence or absence of mutations in the gene 18 19 causing BP-I.

Generally, mutations are identified in the human gene for use in a method of detecting the presence of a genetic defect that causes or may cause BP-I, or that can or may transmit BP-I to an offspring of the human. Initially, the practitioner will be looking simply for differences from the sequence identified as being normal and not associated with disease, since any deviation from this sequence has the potential of causing disease, which is a sufficient basis for initial diagnosis, particularly if the different (but still unconfirmed) gene is found in a person with a family history of BP-I. As specific mutations are identified as being positively correlated with BP-I (or its absence), practitioners will in some cases focus on identifying one or more specific mutations of the gene that changes the sequence of a protein product of the gene or that results in the gene not being transcribed or translated. However, simple identification of the presence or absence of any mutation in the gene of a

patient will continue to be a viable part of genetic analysis for diagnosis, therapy and counseling.

The actual technique used to identify the gene or gene mutant is not itself part of the practice of the invention. Any of the many techniques to identify gene mutations, whether now known or later developed, can be used, such as direct sequencing of the gene from affected individuals, hybridization with specific probes, which includes the technique known as allele-specific oligonucleotide hybridization, either without amplification or after amplification of the region being detected, such as by PCR. Other analysis techniques include single-strand conformation polymorphism (SSCP), restriction fragment length polymorphism (RFLP), enzymatic mismatch cleavage techniques and transcription/translation analysis. All of these techniques are described in a number of patents and other publications; see, for example, "Laboratory Protocols for Mutation Detection" (1996) Oxford University Press, Editor: Ulf Landegrun.

Depending on the patient being tested, different identification techniques can be selected to achieve particularly advantageous results. For example, for a group of patients known to be associated with particular mutations of the gene, oligonucleotide ligation assays, "mini-sequencing" or allele-specific oligonucleotide (ASO) hybridization can be used. For screening of individuals who are not known to be associated with a particular mutation, single-strand conformation polymorphism, total sequencing of genetic and/or cDNA and comparison with standard sequences are preferred.

In many identification techniques, some amplification of the host genomic DNA (or of messenger RNA) will take place to provide for greater sensitivity of analysis. In such cases it is not necessary to amplify the entire gene, merely the part of the gene or the specific location within the gene that is being detected. Thus, the method of the invention generally comprises amplification (such as via PCR) of at least a segment of the gene, with the segment being selected for the particular analysis being conducted by the diagnostician.

The patient on whom diagnosis is being carried out can be an adult, as is usually the case for genetic counseling, or a newborn, or prenatal diagnosis can be carried out on a fetus. Blood samples are usually used for genetic analysis of adults or newborns (e.g.,

screening of dried blood on filter paper), while samples for prenatal diagnosis are usually obtained by amniocentesis or chorionic villus biopsy.

Prior to the present invention, affected individuals were prescribed one drug after another until one was found to be effective. As BP-I was diagnosed using clinical criteria, no correlation between using a particular drug and its efficacy in a given case was observed. As a result of the present invention, BP-I subtypes can be diagnosed at the molecular level and effective treatment predicted.

For example, lithium salts, carbamazepine and valproic acid have all been prescribed for BP-I affected individuals with serendipitous results. An individual can now be diagnosed with bipolar mood disorder by analyzing genetic material from that individual for the presence or absence of one or more nucleic acid mutations as described above. As a result of this diagnosis at the molecular level, an effective treatment can be determined by collecting data to obtain a statistically significant correlation of a particular treatment with the different subtypes of BP-I. Thus, the practitioner is able to select a specific drug for the treatment of a particular sub-type of BP-I and does not merely rely on trial and error.

Alternatively, the full-length normal genes for BP-I from humans, as well as shorter genes that produce functional proteins, can be used to correct BP-I in a human patient by supplying to the human an effective amount of a gene product of the human gene, either by gene therapy or by *in vitro* production of the protein followed by administration of the protein. It should be recognized that the various techniques for administering genetic materials or gene products are well known and are not themselves part of the invention. The invention merely involves supplying the genetic materials or proteins identified as a result of the present invention in place of the genetic materials or proteins previously administered. For example, techniques for transforming cells to produce gene products are described in U.S. Patent No. 5,283,185 entitled "Method for Delivering Nucleic Acid into Cells," as well as in numerous scientific articles, such as Felgner et al., "Lipofection: A Highly Efficient,

- 27 Lipid-Mediated DNA-Transfection Procedure," Proc. Natl. Acad. Sci. U.S.A., 84, 7413-
- 28 7417 (1987); techniques for in vivo protein production are described in, for example,
- 29 Mueller et al., "Laboratory Methods Efficient Transfection and Expression of Heterologous
- 30 Genes in PC12 Cells," DNA and Cell Biol., 9(3), 221-229 (1990).

Administration of proteins and other molecules to overcome a deficiency disease is well known (e.g., administration of insulin to correct for high blood sugar in diabetes) that further discussion of this technique is not necessary. Some modification of existing techniques may be required for particular applications, but those modifications are within the skill level of the ordinary practitioner using existing knowledge and the guidance provided in this specification.

The invention now being generally described, the following examples are provided for purposes of illustration only and are not to be considered to limit the invention.

EXAMPLES

PEDIGREES

Two independently ascertained Costa Rican pedigrees (CR001 and CR004) were chosen because they contained a high density of individuals with BP-I and because their ancestry could be traced to the founding population of the Central Valley of Costa Rica. The current population of the Central Valley (consisting of about two million people) is predominantly descended from a small number of Spanish and Amerindian founders in the 16th and 17th centuries (Escamilla, M.A., et al., (1996) Neuropsychiat. Genet. 67, 244-253). Studies of several inherited diseases have confirmed the genetic isolation of this population (Leon, P., et al. (1992) Proc. Natl. Acad. Sci. USA. 89, 5181-5184; Uhrhammer, N., et al. (1992) Am. J. Hum. Genet. 57, 103-111). An extensive description of pedigrees CR001 and CR004 has ben published (Freimer, N.B., et al. (1996) Neuropsychiat. Genet. 67, 254-263). In the course of the study, two links between these pedigrees were discovered. However, the families were analyzed separately because these links were discovered after the simulation analyses were completed and after the genome screening study had been initiated.

All available adult members of these families were interviewed in Spanish using the Schedule for Affective Disorders and Schizophrenia Lifetime version (SADS-L) (Endicott, J. et al, (1978) Arch. Gen. Psych. 35, 837-844). Individuals who received a psychiatric diagnosis were interviewed again in Spanish by a research psychiatrist using the Diagnostic

- 1 Interview for Genetic Studies (DIGS) (Nurnberger, J.L. et al. (1994) Arch. Gen. Psychiat.
- 2 51, 849-859). This recently developed instrument is similar to, but more detailed than
- 3 SADS-L. The interviews and medical records were then reviewed by two blinded best
- 4 estimators who reached a consensus diagnosis. The diagnostic procedures are described in
- 5 detail in Freimer, N.B., et al. (1996) Neuropsychiat. Genet. 67, 254-263 (incorporated by
- 6 reference herein).

UNRELATED CRCV BP-I PATIENT STUDY

BP localizations obtained through the CRCV pedigree studies were confirmed by genotyping an independently collected sample of 48 unrelated BP-I patients from the CRCV. In this fine mapping LD analysis, 48 unrelated BP-I patients from the CRCV were identified and genotyped using microsatellite markers spaced at narrow intervals across chromosome 18. As these patients are descended from the same ancestral population as the patients in the pedigrees previously studied (CR001 and CR004), many of them should share disease susceptibility alleles inherited identically by descent (IBD) from one or a few common ancestors, and linkage disequilibrium (LD) should be present at marker loci surrounding the disease genes.

The sample of 48 BP-I patients included 25 women and 23 men who were recruited from psychiatric hospitals and clinics in the CRCV. These patients were ascertained only on the basis of diagnosis and CV ancestry, and were not selected on the basis of history of BP illness in family members. A structured interview of each patient was conducted by a psychiatrist, and medical and hospital records were collected. Ascertainment and diagnostic procedures were as described above. However, in order to lessen further the probability of phenocopies among this unrelated sample, for which we lacked pedigree information, the affected phenotype was defined even more narrowly than in the pedigree study. Individuals considered affected in this study had to have suffered at least two disabling episodes of mania (requiring hospitalization) and a first onset of the illness before age 45.

Genealogical research on each of the 48 BP-I patients confirmed that on average, 70% of their great-grandparents were born in the CRCV. Individuals whose great-grandparents were born in the CRCV were considered likely to be descended from the original Spanish

1	and Amerindian founders of the CRCV. Genealogical research showed that 2 patients are
2	first cousins and the remaining 46 have no relationship within the past 4 generations.
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4	GENOTYPING PEDIGREE STUDIES
5	Linkage simulations were used to select the most informative individuals from
6	pedigrees CR001 and CR004 for genotyping studies (Freimer, N.B., et al. (1996)
7	Neuropsychiat. Genet. 67, 254-263). Under a 90% dominant model, simulation analyses
8	with these individuals suggested that evidence of linkage would likely be detected (e.g. a
9	probability of 92% of obtaining lod > 1.0 in the combined data set) using markers with an
10	average heterozygosity of 0.75 spaced at 10 cM intervals (as discussed in Freimer, N.B., et
11	al. (1996) Neuropsychiat. Genet. 67, 254-263). For the Stage I screen, the most
12	polymorphic markers (307 in total) were chosen, placed at approximately 10 cM intervals on
13	the 1992 Genethon map (Houwen, R., et al. (1992) Nature 359, 794-801). These markers
14	were then supplemented by a small number of markers from the Cooperative Human Linkage
15	Center (CHLC) public database. For the Stage II screen, 166 markers were added from
16	newer Genethon and CHLC maps as they became available (Murray, J.C. et al. (1994)
17	Science 265, 2049-2054, Gyapay, G., et al. (1994) Nature Genet. 7,246-339) and from the
18	public database of the Utah Center for Genome Research, all of which are publicly available.
19	DNA samples (from individuals in the CEPH families) that were used for size standards for
20	Genethon and CHLC markers were included in the experiments to permit comparison of
21	allele sizes between members of the CRCV population and individuals in the CEPH database.
22	Genotyping procedures were as described previously (DiRienzo, A. et al. (1994) Proc. Natl.
23	Acad. Sci. USA 91, 3166-3170 (incorporated by reference herein)). Briefly, one of the two
24	PCR primers was labeled radioactively using a polynucleotide kinase and PCR products were
25	run on polyacrylamide gels. Autoradiographs were scored independently by two raters.

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were compared for discrepancies.

Data for each marker were entered into the computer database twice and the resultant files

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GENOTYPING OF UNRELATED BP-I CRCV PATIENTS

2 Twenty-seven markers were used to genotype all 48 individuals (as well as 53 3 individuals used to establish genetic phase) at approximately 5 cM intervals along the entire 4 chromosome 18. It was hypothesized that such a screen would permit the evaluation of 5 evidence in the 18pter region and also to investigate other regions on chromosome 18 in which linkage to BP has been suggested by other groups in other populations. For each 6 7 individual, two-marker haplotypes in each of the 26 inter-marker intervals were investigated. 8 For 38 of the 48 BP-I patients, genotypes of parents or children were available to assist in 9 phase determination. Because of phase ambiguities in the remaining 10 individuals, minimal 10 and maximal two-marker haplotype sharing was evaluated as follows: (1) Minimal: the 11 number of individuals (and chromosomes) who definitely shared a chromosomal segment 12 defined by a particular pair of alleles (phase known chromosomes) and (2) Maximal: the 13 number of individuals (and chromosomes) who could possibly share a chromosomal segment defined by a particular pair of alleles (includes phase unknown chromosomes). The threshold 14 15 used to identify areas of high IBD sharing of chromosomes in this initial screen was 16 designated as maximal sharing of a two-marker haplotype by 50% or more of the 48 17 individuals (or 25% or more of the 96 chromosomes).

Arbitrary thresholds were designated to identify possible areas of high IBD sharing among the 48 patients. Eight of the 26 regions passed this screen. Within each of these 3 regions, one to three additional markers were typed to permit detection of LD, if present, over regions of one to two cM.

A total of 42 chromosome 18 markers were used to genotype the study sample:

- 23 D18S1140, D18S59, D18S476, D18S481, D18S391, D18S452, D18S843, D18S464,
- 24 D18S1153, D18S378, D18S53, D18S453, D18S40, D18S66, D18S56, D18S57, D18S467,
- 25 D18S460, D18S450, D18S474, D18S69, D18S64, D18S1134, D18S1147, D18S60, D18S68,
- 26 D18S55, D18S477, D18S61, D18S488, D18S485, D18S541, D18S870, D18S469, D18S874,
- 27 D18S380, D18S1121, D18S1009, D18S844, D18S554, D18S461, D18S70 (from pter to
- 28 qter). Of these 42 markers, four are located within the 5 cM 18pter region extending from
- 29 the telomere of 18p to marker D18S481 (inclusive), which is approximately 5 cM from the

telomere of 18p. This region is referred to as the 5 cM 18pter region. The four markers tested in the 5 cM 18pter region are: D18S59, D18S1140, D18S476 and D18S481.

For each marker the likelihood that a particular allele (or alleles) is over-represented on disease chromosomes, as compared to non-disease chromosomes was evaluated. The results of this likelihood test provide a conservative but powerful measure of LD between two loci.

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PEDIGREE STATISTICAL ANALYSES

Two-point linkage analyses were performed for all markers. Marker allele frequencies were estimated from the combined data set with correction for dependency due to family relationships (Boehnke, M. (1991) Am. J. Hum. Genet. 48, 22-25). The linkage analyses for Stages I and II included the 65 individuals who were genotyped as well as an additional 65 individuals who had been diagnostically evaluated but not genotyped. Only individuals with BP-I were considered affected with the exception of two persons, one in each family, who carry diagnoses of schizoaffective disorder manic type (SAD-M). The SAD-M individuals were included as affected because BP-I and SAD-M are often difficult to distinguish from each other based on their clinical presentation and course of illness (Goodwin, F.K. et al. (1990) in Manic Depressive Illness (Oxford University Press, New York), pp. 373-401; Freimer, N.B et al. (1993) in The Molecular and Genetic Basis of Neurological Disease, pp. 951-965; Freimer, N.B. et al. (1996) Neuropsychiat. Genet. 67, 254-263; and Freimer, N.B. et al (1996) Nature Genetics 12:436-441, all incorporated by reference herein). In all, 20 individuals were designated as affected within CR004 (Copeman, J.B., et al. (1995) Nature Genet. 9, 80-85 available for genotyping) and 10 individuals from CR001 (Kelsoe, J.R. et al. (1989) Nature 342, 238-243 available for genotyping). The phenotype for all other individuals was designated as unknown except for 17 individuals who were designated as unaffected because they had been thoroughly clinically evaluated, showed no evidence of any psychiatric disorder, and were well beyond the age of risk (50) for BP-I (linkage simulation studies indicated that these unaffected individuals contributed little information to the linkage analysis).

	Elikage analyses were performed using a hearly dominant model (assuming
2	penetrance of 0.81 for heterozygous individuals of 0.9 for homozygotes with the disease
3	mutation). This model was chosen from five different single-locus models (ranging from
4	recessive to nearly dominant) due to its consistency with the segregation patterns of BP in the
5	two pedigrees and because it had demonstrated the greatest power to detect linkage in
6	simulation studies (Freimer, N.B., et al. (1996) Neuropsychiat. Genet. 67, 254-263). Based
7	on Costa Rican epidemiological surveys Escamilla, M.A., et al., (1996) Neuropsychiat.
8	Genet. 67, 244-253, the population prevalence of BP-I was assumed to be 0.015 (and thus
9	the frequency of the disease allele was assumed to be 0.003)(based on epidemiological
10	surveys in Costa Rica, Adis, G. (1992) "Disordenes mentales en Costa Rica: Observaciones
11	Epidemiologicas," (San Jose, Costa Rica: Editorial Nacional de Salud y Seguridad Social)).
12	The frequency of BP-I in individuals without the disease allele was conservatively set at 0.01
13	which effectively specified a population phenocopy rate of 0.67 (i.e., an affected individual
14	in the general population has a 2/3 probability of being a phenocopy). For multiply affected
15	families, the probability that a gene segregates is highly increased, which implies that
16	affected individuals in our study pedigree have a lower probability to be phenocopies than
17	affected individuals in the general population, particularly those with several affected close
18	relatives (the exact probabilities are dependent on the degree of relationship between patients
19	and the number of intervening unaffected individuals). These parameters were chosen to
20	ensure that most of the linkage information derives from affected individuals. The rationale
21	for selecting these parameters and results of analyses that demonstrate the conservatism of
22	this model are described by Freimer, N.B., et al. (1996) Neuropsychiat. Genet. 67, 254-263.
23	The LINKAGE package (Lathrop et al., (1984) Proc. Natl. Acad. Sci. USA 81, 3443-3446)
24	was used for lod score analysis and to obtain maximum likelihood estimates of the marker
25	allele frequencies, taking into account the existing family relationships (see Boehnke, Am. J.
26	Hum. Gent. 48, 22-25 (1991)).
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28	UNRELATED BP-I CRCV PATIENT STATISTICAL ANALYSES
29	A likelihood test of disequilibrium (J. Terwilliger, Am. J. Hum. Genet. 56, 777
30	(1995)) was used to estimate a single parameter, lambda, that quantifies the over-

- 1 representation of marker alleles on disease chromosomes as compared to non-disease
- 2 chromosomes. We chose this method of analysis over another commonly used
- 3 disequilibrium analysis method, the transmission disequilibrium test (TDT, R. Spielman et
- 4 al., Am. J. Hum. Genet. 52, 506 (1993)) because data from all 48 BP-I patients could be
- 5 used in the likelihood approach. Effective use of the TDT requires phase-known,
- 6 heterozygous parental chromosomes. We do not have parental genotypes for 20 of the 48
- 7 BP-I patients. Simulations indicated that with our data, the likelihood test of disequilibrium
- 8 would be more powerful than the TDT. Lambda has been shown to be a superior measure
- 9 for LD fine mapping, compared to other frequently used measures, because it is directly
- 10 related to the recombination fraction between the disease and the marker loci. Non-disease
- 11 chromosomes were chosen from the phase-known chromosomes of parents, spouses and
- 12 children of affected individuals, if available. Designation of chromosomes of family
- 13 members as non-disease in a disorder such as BP-I, which is not fully penetrant, necessitates
- 14 specifying a model of disease transmission. The same model of transmission was employed
- 15 in this LD likelihood test as was used in the initial genome screen of the pedigrees CR001
- and CR002 described herein. One parameter was specified differently from the genome
- 17 screen: the phenocopy rate was set to zero in the LD likelihood analysis. A phenocopy rate
- was not specified in the transmission model because the effect of phenocopies will be
- 19 "absorbed" by the lambda parameter, in that presence of phenocopies in our sample will
- serve to erode the association between marker alleles and disease, and hence reduce the
- 21 estimate of lambda.

23 COVERAGE

- To access coverage for a marker, the number of informative meioses at the estimated
- 25 recombination fraction was calculated using the estimate of the variance (the inverse of the
- 26 information matrix) (Petrukhin, K.E. et al. (1993) Genomics 15, 76-85). Alternatively,
- 27 when the estimated frequency of recombination was close to 0 or 1, Edwards' equation was
- 28 applied to calculate the equivalent number of observations (Edwards, J.H. (1971) Ann. Hum.
- 29 Genet. 34, 229-250). These meioses represent the amount of linkage information provided
- 30 by the marker, given the pedigree structure and the genetic model applied. Linkage to the

- 1 marker in question was then assumed and the lod score that would be observed as a disease
- 2 gene is hypothetically moved in increments away from that marker was calculated. All
- 3 regions around a marker that would have generated a lod score that exceeded our thresholds
- 4 for possible linkage (0.8 in CR001, 1.2 in CR004, and 1.6 in the combined data) were
- 5 considered covered. These lod score thresholds were derived from simulation analyses
- 6 showing the expected distribution of lod scores under linkage and non-linkage (Freimer,
- 7 N.B., et al. (1996) Neuropsychiat. Genet. 67, 254-263, and approximately represent a result
- 8 that is 250 times more likely to occur in linked simulations than in unlinked simulations.
- 9 Coverage maps were constructed (FIG. 1) by superimposing the regions covered by each
- 10 marker on the genetic map of each chromosome. At the end of the Stage II screen, a total of
- 11 473 microsatellite markers had been typed with genome coverage (in the combined data set)
- 12 of over 94%. Possible coverage gaps are indicated by unshaded areas and are mainly
- 13 concentrated near telomeres. Because the coverage calculations make use of marker
- 14 informativeness within the pedigrees, the coverage approach thus permits detection of
- 15 instances where markers with expected high heterozygosities are uninformative in our data

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set.

PEDIGREE LINKAGE ANALYSIS RESULTS

Of the 473 microsatellites analyzed with two-point linkage tests, 23 markers exceeded the empirically determined thresholds designated for the coverage calculations (in either

21 CR001, CR004, or in the combined data set). The location of these markers, the peak lod

22 scores obtained in each family and in the combined data set, and the maximum likelihood

23 estimate of the recombination fraction (0) at which these lod scores were observed are

24 indicated in Table 1. The approximate chromosomal locations of these markers are also

25 depicted in FIG. 1. The distribution of lod scores (for the maximum likelihood estimate of 0

26 in the combined data set) across the genome is displayed by chromosome in FIG. 2.

The threshold was exceeded for pedigree CR001 in two adjacent markers near the 18p telomere (D18S59 and D18S1105), but CR004 displayed no suggestion of linkage in this region.

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In the genome screen, the highest lod score observed for family CR001 alone was at D18S59 (1.32 at θ =0.0), located near pter. All affected members of CR001 shared alleles at markers in the 18pter region.

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UNRELATED BP-I CRCV PATIENT STUDY RESULTS

Out of the forty-two markers tested, eight displayed evidence of over-representation of a particular allele on disease chromosomes. Eight of the 42 markers had -2*ln(likelihood ratio) statistics >1.0. Three other markers had -2*ln(likelihood ratio) statistics >0 and <0.62. The results are shown in Table I:

Table I

Marker	Allele Size	Frequency on non-disease Chromosomes	Frequency on Disease Chromosomes
D18S59	154	0.121	0.572
D18S476	271	0.470	0.771
D18S467	172	0.384	0.693
D18S61	177	0.074	0.326
D18S485	182	0.237	0.586
D18S870	179	0.405	0.657
D18S469	234	0.128	0.450
D18S1121	168	0.171	0.553

Evidence for association was found at markers located near the telomere of the short arm of chromosome 18. D18S59 displayed the strongest evidence for LD (-2*In(likelihood ratio) of 8.3, p=0.002) of all the chromosome 18 markers tested. An adjacent marker, D18S476 (-2*In(likelihood ratio) of 1.3), also provided evidence of LD. In our genome screening pedigree study we observed the single highest lod score for pedigree CR001 of any marker in the entire genome at D18S59. Furthermore, the alleles at D18S59 and D18S476

that are over-represented among the BP-I patients from the population sample (154 b.p. and 271 b.p. respectively) are observed in all BP-I patients from pedigree CR001.

The LD and pedigree findings in the 5 cM 18pter region denote a clearly delineated region that contains a BP-I susceptibility locus. This region is distinct from other regions on chromosome 18 that have been suggested as linked to mood disorder phenotypes (more broadly defined than BP-I). See FIG. 6A, 6B, 6C. In contrast to previous reports by Berrettini et al. and Stine et al., suggesting possible linkage between mood disorder and markers in the pericentromeric region of chromosome 18, our results did not show any evidence for association of BP-I with any pericentromeric markers (D18S378, D18S53, D18S453 or D18S40).

IDENTIFICATION OF NEW MARKERS FROM THE 5 CM 18PTER REGION

Cloned human genomic DNA covering the target region is assembled. Microsatellite sequences from these clones are identified. A sufficient area around the repeat to enable development of a PCR assay for genomic DNA is sequenced, and it is confirmed that the microsatellite sequence is polymorphic, as several uninformative microsatellites are expected in any set. Several methods have been routinely used to identify microsatellites from cloned DNA, and at this time no single one is clearly preferable (Weber, 1990, Hudson et al., 1992). Most of these require screening an excessive number of small insert clones or performing extensive subcloning using clones with larger inserts.

New strategies have recently been developed which permit the use of the several different microsatellites to be found within a single large insert clone without requiring extensive subcloning. A method for direct identification of microsatellites from yeast artificial chromosomes (YACs) provides several new markers from the target region. This procedure is based on a subtractive hybridization step that permits separation of the target DNA from the vector background. This step is useful because the human DNA (the YAC) constitutes only a small proportion of the total yeast genomic DNA.

YAC clones (with inserts averaging about 750 Kb of human genomic DNA) that span the 5 cM 18pter region have already been identified by the CEPH/Généthon consortium (Cohen et al., 1993) and are publicly available. The markers from YACs that have been

1 mapped to portions of the candidate region that are not well represented by currently

2 available markers are first isolated. By typing these markers in the families and the "LD"

3 sample, as described above, it is possible to narrow the candidate region, perhaps to a size of

4 less than one to two cM, thus permitting limitation of the segment in which more extensive

5 mapping efforts are applied.

> Briefly, the microsatellite identification procedure is performed as follows: A subtractive hybridization is performed using genomic DNA from a target YAC together with an equivalent amount of a control DNA. This procedure separates the YAC DNA from that of the yeast vector. Following the subtraction procedure the subtracted YAC DNA is purified, digested with restriction enzymes and cloned into a plasmid vector (Ostrander et al., 1992). The cloned products of each YAC are screened using a CA(15) oligonucleotide probe (i.e. an oligonucleotide having 15 CA repeats). Each positive clone (i.e. those that contain TG-repeats) is sequenced to identify primers for PCR to genotype the BP-I samples.

> An alternative approach, based on using a set of degenerate sequencing primers that anneal directly to the repeat sequence, permitting direct thermal cycle sequencing (Browne & Litt, 1992), can also be used.

> Once the candidate region is narrowed to a size of less than about 500 to 1000 Kb, a contiguous array (contig) of clones with smaller inserts than YACs, mainly P1 clones, is developed. P1 clones are phage clones specially designed to accommodate inserts of up to 100 Kb (Shepherd et al., 1994).

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DEVELOPMENT OF A PHYSICAL MAP OF THE 5 CM 18PTER REGION

23 In parallel with the genetic mapping, a physical map of the 5 cM 18pter region is 24 developed. The backbone of this effort is the assembly of contigs of large insert clones. 25 Low resolution contigs for most of the human genome are already available using the YACs 26 developed by CEPH (Cohen et al., 1993). Although these have been individually verified and checked for overlap with other YACs, there is a high rate of chimerism in the YACs and insufficient evidence to definitively confirm the order of the YACs. In addition, because of their large size these YACs are particularly cumbersome to work with. Nevertheless, they provide a useful framework to start constructing high resolution contigs.

Once a candidate region of less than about five cM is delineated, the studies to

2 develop a physical map are commenced. Because of the disadvantages of relying solely on

- 3 YACs, and because positional cloning is facilitated by the availability of a higher resolution
- 4 map, contigs are generated using P1 clones once the candidate region is narrowed to less
- 5 than one Mb, by LD mapping in the expanded population sample using the new markers
- 6 identified from the YACs.
- 7 Once a region of 500-1000 Kb or less is defined, physical mapping and cloning are
- 8 computed using P1 clones rather than YACs, and P1 contigs over such a region are
- 9 constructed. The P1s are used to identify additional markers for the further positional
- 10 cloning steps as well as the screening for rearrangements.
- The starting point of contig construction is the microsatellite sequences and non-
- 12 polymorphic STSs that derive from the few YACs that surround the genetically determined
- 13 candidate region. These STSs are used to screen the P1 library. The ends of the P1s are
- 14 cloned using inverse PCR and used to order the P1s relative to each other. Amplification in
- 15 a new P1 will indicate that it overlaps with the previous one. Fluorescent in situ
- 16 hybridization (FISH) permits ordering of the majority of the P1s (Pinkel, 1988; Lichter,
- 17 1991). The original set of P1s serves as building blocks of the complete contig; each end
- 18 clone is used to re-screen the library and in this way P1s are added to the map.
- 19 From each P1 additional microsatellites are identified as previously described. This
- 20 allows further reduction of the candidate region. When the region is narrowed to less than
- 21 one Mb in size, positional cloning efforts are initiated.

FINE MAPPING OF 5CM 18PTER REGION

- In order to delineate further regions of BP-I susceptibility within the 5 cM 18pter
- 24 region, additional unrelated BP-I patients from the CRCV as well as other populations can be
- 25 diagnosed and genotyped both with the markers described herein as well as additional
- 26 markers in the 5 cM 18pter region that are known as well those yet to be identified.
- 27 Additional markers are available from the Cooperative Human Linkage Center (CHLC)
- 28 public database, from newer Genethon and CHLC maps as they become available (Murray,
- 29 J.C. et al. (1994) Science 265, 2049-2054, Gyapay, G., et al. (1994) Nature Genet. 7,246-
- 30 339) and from the public database of the Utah Center for Genome Research (all of which are

- 1 incorporated by reference herein). The web addresses for Genethon and CHLC are:
- 2 Genethon (http://www.genethon.fr/genethon en.html), CHLC
- 3 (http://gopher.chlc.org/HomePage.html). These databases are all linked, and one of ordinary-
- 4 skill in the art can readily access the information available from these databases.
- 5 The markers shown in **FIG. 6A**, from number 1 to 22 or 23 can be used to genotype
- 6 the CRCV pedigrees and unrelated BP-I patients described herein as well as other BP-I
- 7 affected individuals and pedigrees. See FIG. 6A (portion of a chromosome 18 map available
- 8 from the Whitehead Institute, web address: http://133.30.8.1:8080/=@=:www-
- 9 genome.wi.mit.edu. (incorporated herein by reference)). The fine mapping techniques
- 10 described herein in conjunction with the teachings regarding the 5 cM 18pter region can be
- 11 used to narrow the BP-I susceptibility region further.
- The following markers (listed in order of occurrence from the telomere towards the
- centromere) were used to delineate regions of BP-I susceptibility within the 5 cM 18pter
- 14 region: SAVA5, ca211, ca212, D18S1140, D18S59, ca231, ta201, AT201, ca225, w3442,
- 15 ca213, ga201, ga203, ca219, D18S1105, ca209, ca202, D18S1146, GATA (referred to in the
- 16 figures as 166d05) and D18S476. The markers SAVA5, D18S1140, D18S59, ta201, at201,
- 17 w3442, ga201, ga203, D18S1105, D18S1146, GATA and D18S476 were used in both the
- haplotype analysis (Figure 8) and the AHR analysis (Figure 11) to delineate the BP-I
- 19 susceptibility locus to the 500 kb region defined by the markers SAVA5 and ga203 and the
- 20 300 kb region defined by D18S1140 and W3422. The other markers were used in both
- 21 haplotype and the AHR analyses as confirmatory evidence for the localizations. Blood
- 22 samples from 105 affected individuals were tested for the presence of marker haplotypes and
- 23 compared to marker haplotypes detected on the non-transmitted chromosome in samples
- 24 obtained from the parent(s) of the affected individuals when available (71 cases) or to
- 25 markers detected in samples obtained from a control population of students attending the
- 26 University of Costa Rica (52 samples). The non-transmitted chromosomes are well matched
- 27 as controls allowing the affected haplotype of the transmitted chromosome to be more easily
- 28 discerned than through comparison with data obtained from the general population that may
- 29 contain individuals who carry the affected haplotype but do not exhibit clinical symptoms of
- 30 bipolar mood disorder.

Figure 7 provides 18p allele frequencies for disease (aff 105) versus nontransmitted (ntrans) chromosomes and samples from the control population of students (control). The name of each marker used in this study is indicated on the left. The second column of numbers refers to allele length in basepairs. This data provides evidence of over-representation of a particular allele on disease chromosomes.

Figure 8 summarizes the results obtained with affected individuals. The column labelled 18p refers to the patient identifier, and each patient identifier is repeated to indicate results with both copies of chromosome 18. The labels "PANR" and "MANR" refer to the paternal and maternal identifier, respectively, associated with the particular patient, other than 0, 1 and 2, which indicate that parental samples were not available. The allele length (base pairs) is indicated under each marker for a particular patient; the length of the horizontal bar in the figure reflects whether haplotypes are IBD or IBS, with IBD haplotypes with common ancestors having longer bars than randomly inherited IBS haplotypes. To the right of each marker, a "1" indicates that the phase is known, i.e., that it is known whether a particular allele is inherited from the paternal or maternal chromosome, and a "0" indicates that the phase is not known for sure. The determination of phase allows the practitioner to conclude that marker alleles are linked in a haplotype on the same disease causing chromosome.

Figure 9 provides similar data for non-transmitted chromosomes obtained from parental samples. Some individuals exhibited the affected haplotype indicating that the parent was homozygous; however, these regions of identity were typically much shorter than those regions observed in affected individuals, indicating that they were IBS.

Figure 10 similarly provides data for an unscreened population of students from the University of Costa Rica and their parents (52 samples in total). The data demonstrate that there is a lower incidence of the affected haplotype in the general population as compared with Figure 8 and that the affected haplotype is typically shorter similar to the results obtained with non-transmitted chromosomes. However, the results for the general population is less distinctive than that observed for non-transmitted chromosomes in allowing one to map the affected haplotype.

1	Comparison of the affected haplotype with non-transmitted chromosome markers
2	indicate that the region of maximal sharing between affected individuals occurs between
3	1140t and w3442 on chromosome 18. This region encompasses approximately 300 kb.
4	The data was analyzed further using Ancestral Haplotype Reconstruction (AHR), a
5	likelihood method for measuring LD. Data from affected individuals are examined in 2-
6	marker segments. Within each segment, the multinomial likelihood of each of the possible
7	ancestral haplotypes giving rise to the observed sample of disease haplotypes is calculated.
8	This likelihood is calculated assuming some fraction, α , of disease chromosomes are
9	associated with this 2-marker segment, and $(1-\alpha)$ are linked to this segment. These
10	haplotype likelihoods are weighted by the probability of observing that haplotype in the
11	population, and summed to create an overall likelihood for the 2-marker segment. This
12	segment likelihood is compared to the null likelihood, which assumes the disease and
13	markers are unlinked (and therefore α =0), and a LOD score is generated. The LOD score
14	is maximized over the parameter α . Details of these calculations are presented in Appendix
15	A. The results of this analysis are shown in Figure 11. The percentages given above the
16	diagonal line demarcated by the filled boxes indicate the percentage of disease chromosomes
17	hypothesized to be true chromosomes from a common founder. For example, 17% of
18	chromosomes obtained from affected individuals have the 18S59 to W3442 region; i.e., as
19	each individual has two chromosome copies, 34% of individuals have this region. The
20	number above each percentage indicates the LOD score. The numbers given below the
21	diagonal line demarcated by the filled boxes indicate the alleles inherited from a common
22	founder, with the number prior to the dash indicating the allele of the marker identified in
23	the column heading and the number following the dash indicating the allele of the marker
24	identified in the row heading. The marker alleles are referred to as follows:
25	

1	MARKER	#	ALLELE LENGTH
2	SAVA5	2	229
3	CA211	3	195
4	18S1140	2	268
5	18S59	4	154
6	18S59	6	158
7	TA201	2	220
8	TA201	3	230
9	CA231	2	186
10	CA231	4	202
11	AT201	1	170
12	AT201	2	178
13	CA225	1	160
14	CA225	3	172
15	W3442	1	10

Blank boxes indicate no positive evidence for linking the indicated region to the affected chromosome.

USE OF P1 CLONES TO IDENTIFY CANDIDATE CDNAS FOR SCREENING FOR MUTATIONS IN THE DNA OF BP-I PATIENTS

The P1 clones described above are used to identify candidate cDNAs. The candidate cDNAs are subsequently screened for mutations in DNA from BP-I patients. From the minimal candidate region defined by genetic mapping experiments a segment is left that is sufficiently large to contain multiple different genes.

IDENTIFICATION OF CODING SEQUENCES

Coding sequences from the surrounding DNA are identified, and these sequences are screened until a probable candidate cDNA is found. Much of the human genome will be sequenced over the next few years, in which case it may become feasible to identify coding sequences through database screening. Candidates may also be identified by scanning

- databases consisting of partially sequenced cDNAs (Adams et al., 1991), known as expressed
- 2 sequence tags, or ESTs. These resources are already largely developed, and include upwards
- 3 of 100,000 cDNAs, the majority expressed primarily in the brain. It is not yet clear,
- 4 however, that the complete set of cDNAs will be mapped to specific chromosomal locations
- 5 in the near future, and that their data will soon be made publicly available. The database can
- 6 be used to identify all cDNAs that map to the minimal candidate region for BP-I. These
- 7 cDNAs are then used as probes to hybridize to the P1 contig, and new microsatellites are
- 8 isolated, which are used to genotype the "LD" sample. Maximal linkage disequilibrium in
- 9 the vicinity of one or two cDNAs is identified. These cDNAs are the first ones used to
- 10 screen patient DNA for mutations. Database screening has already been used to identify a
- 11 gene responsible for familial colon cancer (Papadopolous et al., 1993).
- 12 Coding sequences are also identified by exon amplification (Duyk et al., 1990;
- 13 Buckler et al., 1991). Exon amplification targets exons in genomic DNA by identifying the
- consensus splice sequences that flank exon-intron boundaries. Briefly, exons are trapped in
- 15 the process of cloning genomic DNA (e.g. from P1s) into an expression vector (Zhang et al.,
- 16 1994). These clones are transfected into COS cells, RT-PCR is performed on total or
- 17 cytoplasmic RNA isolated from the COS cells using primers that are complementary to the
- 18 splicing vector. Exon amplification is tedious but routine; for example, the system developed
- 19 by Buckler et al. (1991). This method is probably preferable to another widely used
- approach, direct selection, which involves screening cDNAs using large insert clone contigs,
- 21 with several steps to maximize the efficiency of hybridization and recovery of the appropriate
- 22 hybrid (Lovett et al., 1991). Although direct selection is more efficient than exon
- 23 amplification (Del Mastro et al., 1994), it may not be practical as it depends on the candidate
- 24 cDNA being expressed in the tissue from which the cDNA library was made; there is no
- 25 prior information to indicate the tissue or developmental stage in which BP-I genes would be
- 26 expressed.
- Once cDNAs are identified the most plausible candidates are screened by direct
- 28 sequencing, SSCP or using chemical cleavage assays (Cotton et al. 1988).
- The data are also evaluated for clues to the possible identity or mode of action of BP-
- 30 I mutations. For example, it is known that trinucleotide repeat expansion is associated with

- 1 the phenomenon of anticipation, or the tendency for a phenotype to become more severe and
- 2 display an earlier age of onset in the lower generations of a pedigree (Ballabio, 1993).
- 3 Several investigators have suggested that segregation patterns of BP-I are consistent with
- 4 anticipation (McInnis et al., 1993; Nylander et al., 1994). The apparent transmission of BP-
- 5 I, in association with the conserved 18q23 haplotype is constant with anticipation.
- 6 Therefore, once the candidate region is narrowed to its minimal extent, the P1 clones are
- 7 screened using trinucleotide repeat oligonucleotides (Hummerich et al., 1994). A PCR assay
- 8 is developed and patient DNAs are screened for expanded alleles.
- 9 Genetic and physical data help to map the bipolar mood disorder gene to the 5 cM
- 10 18pter region of chromosome 18. New markers from this region are tested in order to locate
- 11 the bipolar mood disorder gene in a region small enough to provide higher quality genetic
- 12 tests for bipolar mood disorder, and to specifically find the mutated gene. Narrowing down
- 13 the region in which the gene is located will lead to sequencing of the bipolar mood disorder
- 14 gene as well as cloning thereof. Further genetic analysis employing, for example, new
- polymorphisms flanking D18S59 and D18S476 as well as the use of cosmids, yeast artificial
- 16 chromosome (YAC) clones, or mixtures thereof, are employed in the narrowing down
- 17 process. The next step in narrowing down the candidate region includes cloning of the
- 18 chromosomal region 18pter including proximal and distal markers in a contig formed by
- 19 overlapping cosmids and YACS. Subsequent subcloning in cosmids, plasmids or phages will
- 20 generate additional probes for more detailed mapping.
- The next step of cloning the gene involves exon trapping, screening of cDNA
- 22 libraries, Northern blots or rt PCR (reverse transcriptase PCR) of samples from affected and
- 23 unaffected individuals, direct sequencing of exons or testing exons by SSCP (single strand
- 24 conformation polymorphism), RNase protection or chemical cleavage.
- 25 Flanking markers on both sides of the bipolar mood disorder gene combined with
- 26 D18S59 and D18S476 or a number of well-positioned markers that cover the chromosomal
- 27 region (5 cM 18pter) carrying the disease gene, can give a high probability of affected or
- 28 non-affected chromosomes in the range of 80-90% accuracy, depending on the
- 29 informativeness of the markers used and their distance from the disease gene. Using current
- 30 markers linked to bipolar mood disorder, and assuming closer flanking markers will be

- 1 identified, a genetic test for families with bipolar mood disorder will be for diagnosis in
- 2 conjunction with clinical evaluation, screening of risk and carrier testing in healthy siblings.
- 3 In the future, subsequent delineation of closely linked markers which may show strong
- 4 disequilibrium with the disorder, or identification of the defective gene, could allow
- 5 screening of the entire at-risk population to identify carriers, and provide improved
- 6 treatments.

TREATMENT OF BP-I PATIENTS USING GENOTYPE DATA

Using the fine mapping techniques described herein, BP-I susceptibility loci or genes in the 5 cM 18pter region in particular in the region #1 between SAVA5 and ga203, are identified and used to genotype patients diagnosed phenotypically with BP-I. Preferably, markers in the roughly 500 kb region defined by SAVA5 and ga203, inclusive, are used. More preferably, markers in either the region defined by D18S59 and w3422, inclusive, are used.

Genotyping with the markers described herein as well as additional markers permits confirmation of phenotypic BP-I diagnoses or assist with ambiguous clinical phenotypes which make it difficult to distinguish between BP-I and other possible psychiatric illnesses. A patient's genotype in the 5 cM 18pter region is determined and compared with previously determined genotypes of other individuals previously diagnosed with BP-I. Once an individual is genotyped as having a BP-I susceptibility locus in the 5 cM 18pter region, the individual is treated with any of the known methods effective in treating at least certain individuals affected with BP-I, such as the administration of lithium salts, carbamazepine or valproic acid.

Studies are conducted correlating effective treatments with BP-I genotypes in the 5 cM 18pter region to determine the most effective treatments for particular genotypes. BP-I patients can then be genotyped in the 5 cM 18pter region and the statistically most effective treatment can be determined as a first course of therapy.

All publications and patent applications mentioned in this specification are herein incorporated by reference to the same extent as if each individual publication or patent application was specifically and individually indicated to be incorporated by reference.

- 1 The invention now being fully described, it will be apparent to one of ordinary skill
- 2 in the art that many changes and modifications can be made thereto without departing from
- 3 the spirit or scope of the appended claims.

Appendix A

Consider the original mutation to have occurred on a chromosomal segment between two markers A and B. At the time the mutation was introduced, there were n_a alleles at marker A and n_b alleles at marker B. On the chromosome containing the disease mutation both marker A and marker B carried allele X. The probability that after g generations an affected individual carrying the original disease mutation would still have allele X at markers A and B is:

$$(1-\theta_1)^g (1-\theta_2)^g + (1-\theta_1)^g (1-(1-\theta_2)^g) f(X_B) + (1-(1-\theta_1)^g) (1-\theta_2)^g f(X_A) +$$
eq (1)
$$(1-(1-\theta_1)^g) (1-(1-\theta_2)^g) f(X_A) f(X_B)$$

where θ_1 is the recombination fraction between disease and marker A, θ_2 is the recombination fraction between disease and marker B, g is the number of generations since founding (i.e. since the mutation was introduced into the population), $f(X_A)$ is the population frequency of the X-allele at marker A and $f(X_B)$ is the population frequency of the X-allele at marker B. This equation includes terms for the possibility of recombination between the markers and the disease locus, with the X-allele at the markers then being identical by state (IBS) rather than IBD. The probabilities of an affected individual with the original mutation having other haplotypes can be formulated similarly. The probability of having allele Z at marker B (where Z is any allele at marker B besides X) would be:

$$(1-\theta_1)^g(1-(1-\theta_2)^g)f(Z_B) + (1-(1-\theta_1)^g)(1-(1-\theta_2)^g)f(X_A)f(Z_B)$$

eq (2)

where $f(Z_B)$ is the frequency of allele Z at marker B in the population. The probability of having allele Z at marker A (where Z is any allele at marker B besides X) would be:

$$(1-\theta_2)^g(1-(1-\theta_1)^g)f(Z_A) + (1-(1-\theta_1)^g)(1-(1-\theta_2)^g)f(X_B)f(Z_A)$$

eq (3)

where $f(Z_A)$ is the frequency of allele Z at marker A in the population. Finally, the probability of having allele Z at both markers A and B would be:

$$(1-(1-\theta_1)^g)(1-(1-\theta_2)^g)f(Z_A)f(Z_B)$$

eq (4)

These probabilities assume (1) no interference in recombination and (2) the same marker alleles are present now as were present g generations ago, in similar frequencies. If, for example, marker A has n_a alleles and marker B has n_b alleles, then these probabilities form a (n_a) - (n_b) by (n_a) - (n_b) transition matrix, with row i containing the probabilities that founder haplotype i gave rise to each of the (n_a) - (n_b) different haplotypes in g generations. The rows of this transition matrix sum to 1.

In simulations, the haplotype frequencies in the disease population were formulated using these transition probabilities, assuming the disease arose on a haplotype with the "1" allele at each of the two markers.

Once these transition probabilities are estimated, the likelihood of a particular founder chromosome giving rise to the observed sample of disease haplotypes in g generations is easily estimated. For example, if one assumed that the disease mutation arose on a chromosome with the X-allele at both markers, the likelihood $(L_{x,x})$ that this chromosome was the founder of the present-day sampled disease chromosomes is given by the multinomial:

$$L_{X-X} = \prod_{i=1}^{K} (p_{X-X,i})^{\gamma_{i-1}}$$

eq (5)

where i indexes the K potential haplotypes for the two markers $(K = (n_o)(n_b))$, $p_{X = X,i}$ is the probability that the ancestral disease chromosome with the X-allele at both markers gave rise to a haplotype of type i in g generations (taken from the transition matrix), and Y_i is the observed number of haplotype i in the sample $(\Sigma_i(Y_i) = \text{the number of chromosomes in the sample to be analyzed)}$. The likelihood in eq (5) assumes that all affected individuals are independent. While, after many generations of separation from a common ancestor one might consider these

individuals to be independent, they are in fact related through a complex and unknown pedigree. The simplification of considering individuals as independent makes the likelihood much more tractable to compute.

The K likelihoods are then summed, and weighted by the probability of observing that particular haplotype in the population to produce an overall likelihood for the 2-marker segment:

$$L = \sum_{i=1}^{K} f_i L_i$$
 eq (6)

where f_i is the frequency of haplotype i in the population. This overall likelihood calculation parallels the approach taken by Terwilliger (1995, eq (2)). The haplotype frequencies are estimated from the sample of normal chromosomes. In the event that the haplotype resulting in the largest contribution to the overall likelihood in eq (6) is not observed in the normal sample, the upper 95% confidence interval for this frequency is used, and the remaining haplotype frequencies rescaled accordingly.

This overall likelihood is compared to the null likelihood, which is generated in exactly the same manner, except that it is assumed the markers were unlinked to

the disease locus (θ_1 = θ_2 =0.5 in, for example, eqs (1-4)). The \log_{10} of this likelihood ratio is a LOD score. One might consider to use in the null likelihood transition probabilities calculated under the assumption of linkage equilibrium. Under this null the cells of the transition matrix are computed by multiplication of allele frequencies, assuming independence of marker loci. These two forms of the null likelihood are equivalent in value for g of approximately 20 or greater, and for g<0 the values are nearly equivalent.

Because θ_1 and θ_2 are obviously unknown, the putative disease locus is set to be in the middle of the segment and therefore θ_1 and θ_2 are one-half the genetic distance (converted to recombination fraction by the Haldane mapping function, (Ott 1991)) between the two marker loci forming the segment. In fact, one could estimate θ_1 and θ_2 , or their ratio, and the method could easily be modified to do so, however for our purposes finding a linked segment is suitable.

This basic procedure has been modified to deal with heterogeneity in the sample of disease chromosomes. Not all chromosomes in the disease sample may be true disease chromosomes from a common founder. Individuals heterozygous for the disease mutation will add one chromosome to the disease sample that will not be a true disease chromosome. Additionally, affected individuals not linked to the

particular chromosomal segment being analyzed (either because they are phenocopies or because of locus heterogeneity) will contribute two chromosomes to the affected sample that do not harbor this disease locus. When the null hypothesis of no linkage is not true, some fraction, α , of the chromosomes in the disease sample will associated with this chromosomal segment, and $(1-\alpha)$ will not be associated. We decided to examine α in steps of 0.1, from 1.0 to 0.0, and for each step in α produce a new transition matrix under the alternative hypothesis and calculate a LOD score. If we call the transition matrix calculated under the alternative hypothesis (where the disease locus is hypothesized to be in the middle of the 2-marker segment) T_{α} and call the transition matrix calculated under the null hypothesis (where the disease locus is unlinked to the 2-marker segment) T_{α} , then a new transition matrix for the alternative hypothesis is calculated as:

$$T_a^* = \alpha T_a + (1 - \alpha) T_a$$

eq (7)

The transition matrix under the null uses α =0. The LOD score is then maximized over the one parameter α .

1 WHAT IS CLAIMED IS:

2

- 3 1. A method of detecting the presence of a bipolar mood disorder susceptibility locus in
- 4 an individual comprising:
- 5 analyzing a sample of DNA from said individual for the presence of a DNA
- 6 polymorphism on the short arm of chromosome 18 between SAVA5 and ga203, wherein said
- 7 DNA polymorphism is associated with a form of bipolar mood disorder.

8

- 9 2. The method of claim 1, wherein said DNA polymorphism is located on the short arm
- 10 of chromosome 18 between D18S1140 and ga203, inclusive.

11

- 12 3. The method of claim 1, wherein said DNA polymorphism is located on the short arm
- of chromosome 18 between SAVA5 and W3422, inclusive.

14

- 15 4. The method of claim 1, wherein said DNA polymorphism is located on the short arm
- of chromosome 18 between D18S1140 and W3422, inclusive.

17.

- 18 5. The method of claim 1, wherein said DNA polymorphism is located on the short arm
- 19 of chromosome 18 between D18S1140 and at201, inclusive.

20

- 21 6. The method of claim 1, wherein said DNA polymorphism is located on the short arm
- 22 of chromosome 18 between D18S1140 and ta201, inclusive.

23

- 24 7. The method of claim 1, wherein said DNA polymorphism is located on the short arm
- of chromosome 18 between D18S59 and ta201, inclusive.

- 1 8. The method of claim 1, wherein said analyzing further comprises:
- a. obtaining DNA samples from family members of said individual,
- b. analyzing said DNA samples from family members for the presence of said DNA
- 4 polymorphism, and
- 5 c. correlating the presence or absence of the DNA polymorphism with a
- 6 phenotypic diagnosis of bipolar mood disorder for said individual and for said family
- 7 members.

- 9 9. A method for detecting the presence of a DNA polymorphism linked to a gene 10 associated with bipolar mood disorder in an individual comprising:
- 11 a. typing blood relatives of said individual for a DNA polymorphism located
- within a 500kb region of chromosome 18, wherein said region is located between SAVA5
- 13 and ga203, inclusive,
- b. analyzing a DNA sample from said individual for the presence of said DNA
- 15 polymorphism.

16

- 17 10. A method of genetically diagnosing bipolar mood disorder in an individual
- 18 comprising:
- 19 a. obtaining a DNA sample from said individual,
- b. analyzing said DNA sample for the presence of a DNA polymorphism
- 21 associated with bipolar mood disorder, wherein said DNA polymorphism is located within a
- 22 500 kb region of chromosome 18, wherein said region is located between SAVA5 and ga203,
- 23 inclusive.

- 25 11. A method of confirming a phenotypic diagnosis of bipolar mood disorder in an
- 26 individual comprising:
- 27 a. obtaining a DNA sample from said individual,
- b. analyzing said DNA sample for the presence of a DNA polymorphism
- 29 associated with bipolar mood disorder, wherein said DNA polymorphism is located within a

1	500 kt	region	of chromosome 18, wherein said region is located between SAVA5 and ga203,
2	inclusi	ve.	
3			
4	12.	The m	nethod of claim 10, wherein said individual has Spanish or Amerindian ancestry.
5			
6	13.	A met	hod of classifying subtypes of bipolar mood disorder comprising:
7		a.	identifying one or more DNA polymorphisms located within a 500 kb region
8	of chr	omosor	ne 18, wherein said region is located between SAVA5 and ga203, inclusive; and
9			
10		b.	analyzing DNA samples from individuals phenotypically diagnosed with
11	bipola	r mood	disorder for the presence or absence of one of more of said DNA
12	polym	orphisn	ns.
13			
14	14.	A met	thod of treating an individual diagnosed with bipolar mood disorder comprising:
15		a.	identifying one or more DNA polymorphisms located within a 500 kb region
16	of chr	omosor	ne 18, wherein said region is located between SAVA5 and ga203, inclusive; and
17			-
18		b.	analyzing DNA samples from individuals phenotypically diagnosed with
19	bipola	r mood	disorder for the presence or absence of one of more of said DNA
20	polym	orphisr	ns, and
21		c.	selecting a treatment plan that is most effective for individuals having a
22	partic	ılar gei	notype within said 500 kb region of chromosome 18.
23			
24	15.	An is	plated polynucleotide capable of selectively hybridizing with a DNA sample
25	from a	an indi	vidual phenotypically diagnosed with severe bipolar mood disorder, wherein said
26	polyni	ucleotid	le does not selectively hybridize with a DNA sample from an individual not
27	affecte	ed by s	evere bipolar mood disorder, wherein said isolated polynucleotide selectively
28	hybrid	lizes w	ith a complementary polynucleotide within a 500 kb region of chromosome 18,
29	where	in said	region is located between SAVA5 and ga203, inclusive.

- 1 16. The isolated polynucleotide of claim 15, wherein said complementary polynucleotide
- 2 is within a 500 kb region of chromosome 18, between SAVA5 and ga203, inclusive.

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ABSTRACT OF THE DISCLOSURE

METHODS FOR TREATING BIPOLAR MOOD DISORDER

ASSOCIATED WITH MARKERS ON CHROMOSOME 18p

The present invention is directed to methods of detecting the presence of a bipolar mood disorder susceptibility locus in an individual, comprising analyzing a sample of DNA for the presence of a DNA polymorphism on the short arm of chromosome 18 between the telomere and D18S481, wherein the DNA polymorphism is associated with a form of bipolar mood disorder. The invention for the first time provides strong evidence of a susceptibility gene for bipolar mood disorder that is located in the terminal 5 cM region of the short arm of chromosome 18. The disclosure describes the use of linkage analysis and genetic markers in this 5 cM region to fine map the region and the use of genetic markers to genetically diagnose (genotype) bipolar mood disorder in individuals, to confirm phenotypic diagnoses of bipolar mood disorder, to determine appropriate treatments for patients with particular genotypic subtypes. Isolated polynucleotides useful for genetic linkage analysis of BP-I and methods for obtaining such isolated polynucleotides are also described.

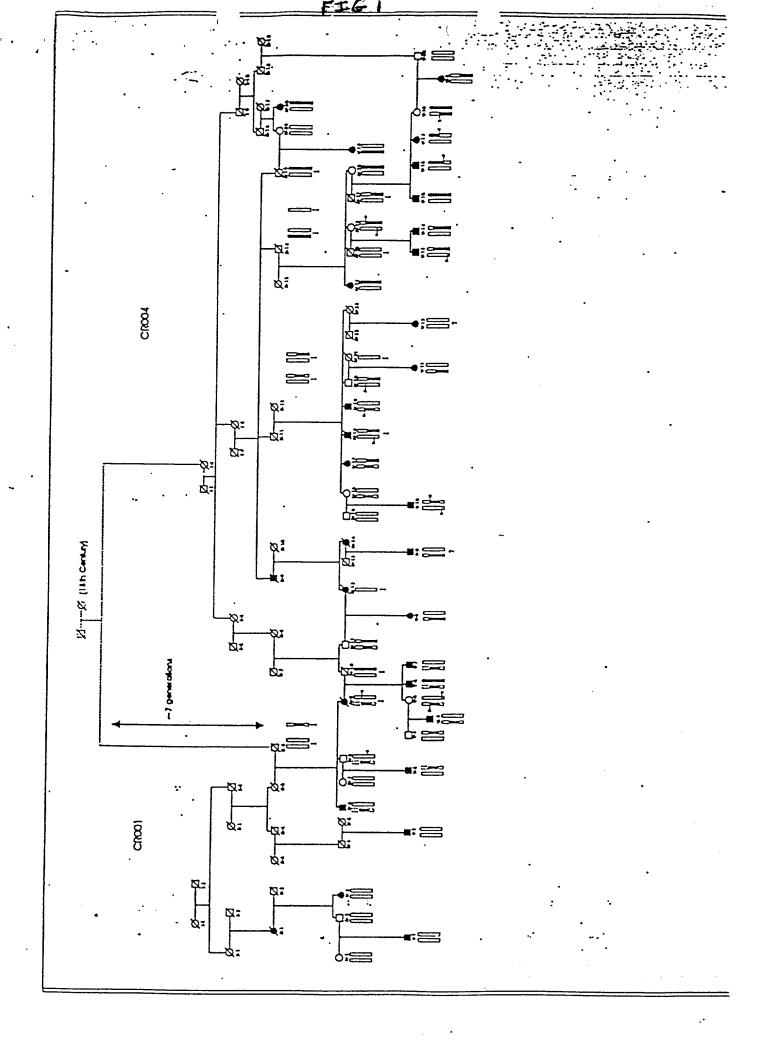
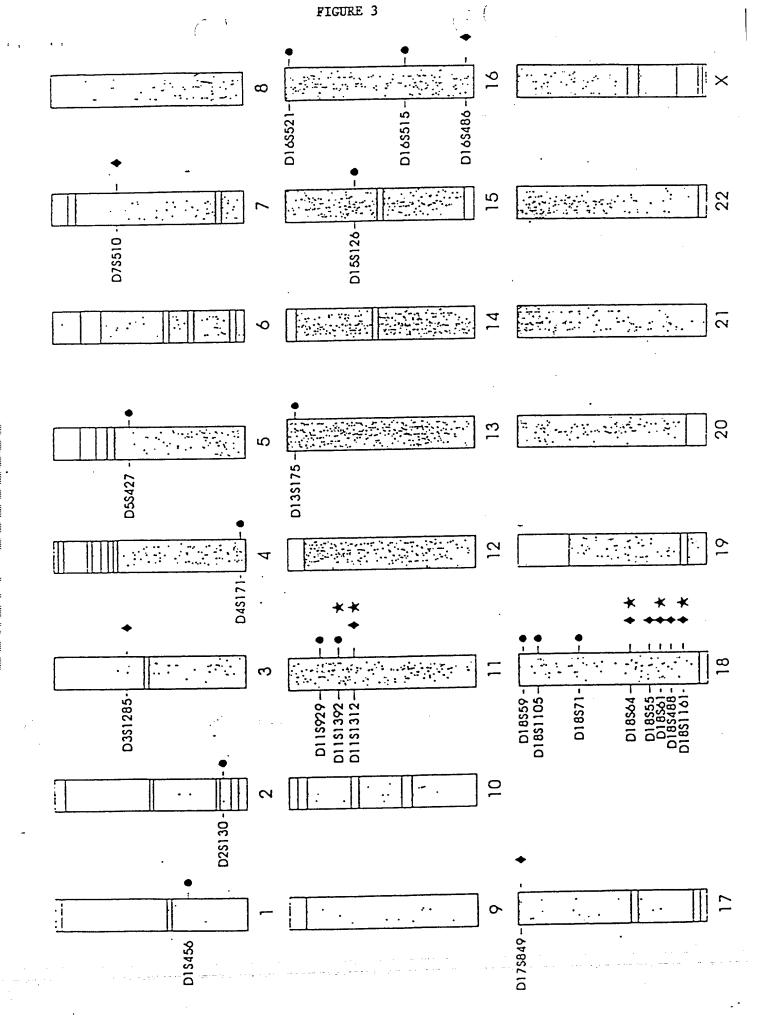


Table 1. Lod scores for markers exceeding the arbitrary coverage thresholds.

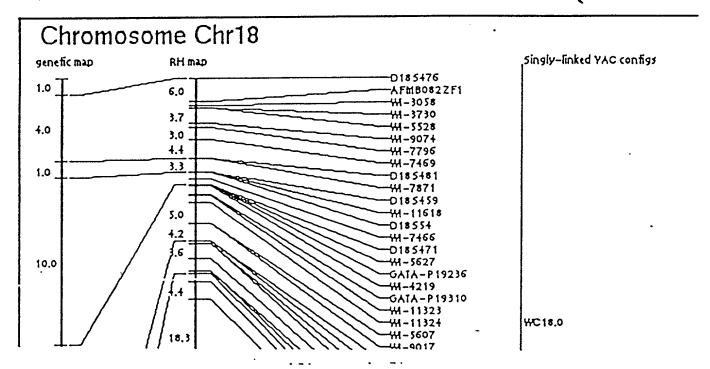
		Family C	R001	Family Cl	R004	Combined	
Marker Name	distance from	Zmex	Theta	Zmex	Theta	Z _{wex}	Theta
•	pter ,	≥ 0.8		≥ 1.2		≥1.6	
DIS456	224.6	1.32	0.0	0.0	0.50	0.0	0.50
D2S130	230.1	0.89	0.0	0.12	0.35	0.36	0.26
D3S1285	91.0	0.00	0.50	2.59	0.00	1.15	0.16
D4S171	207.9	1.07	0.07	0.01	0.05	0.22	0.29
D5S427	69.6	1.39	0.0	0.0	0.50	0.7	0.18
D7S510	60.5	0.04	0.40	2.04	0.0	0.82	0.17
D11S929	36.3	0.80	0.11	0.03	0.42	0.43	0.24
D11S1392	38.6	0.86	0.07	0.90	0.23	1.58	0.19
D11S1312	42.0	0.47	0.13	1.77	0.0	1.95	0.05
D13S175	7.4	0.83	0.0	0.0	0.50	0.24	0.15
D15S126	45.5	1.09	0.0	0.0	0.48	0.06	0.40
D16S521	4.6	1.46	0.0	0.41	0.26	1.18	0.17
D16S515	94.8	0.93	0.09	0.01	0.46	0.39	0.25
D16S486	133.6	0.27	0.19	1.29	0.20	1.60	0,20
D17S849	0.60	0.0	0.50	1.22	0.07	0.32	0.14
D18S59	1.1	1.43	0.0	0.0	0.50	0.02	0.46
D18S1105	2.8	0.97	0.0	0.01	0.47	0.01	0.46
D18S71	43.8	0.96	0.0	0.0	0.50	0.0	0.50
D18S64	84.0	0.33	0.11	1.34	0.15	1.67	0.13
D18S55	95.5	0.0	0.50	2.09	0.13	1.51	0.18
D18S61	103.8	0.0	0.50	2.26	0.12	1.94	0.16
D18S488	105.6	0.0	0.50	1.26	0.14	1.02	0.19
D18S1161	113.0	0.0	0.50	1.79	0.16	1.76	0.17

Markers for which lod scores exceeded the arbitrary thresholds used for genome coverage calculations (in bold). Z_{max} is the maximum likelihood estimate of the lod score at the corresponding value of the recombination fraction (theta).



Chr18: Contigs Anchored on Integrated Map

Be patient... This is a large image!



You can click on the name of an STS or a contig in order to retrieve information about it. <u>Download this map</u> as a PICT file (Macintosh) or a GIF (everybody else)

NOTES

- 1. This is a composite map in which the genetic linkage map from <u>Généthon</u>, and the radiation hybrid map from the Whitehead Institute/MIT Center are used to anchor YAC/STS contigs. We only show the subset of genetic- and radiation-hybrid mapped STSs for which positive YACs are present. For the genetic map, please refer to the linkage maps published in *Nature Genetics* 7(2):246-339 (1994) for the complete genetic maps.
- 2. The apparent size of a contig on this map does not always correlate with the number of its members. Some apparent "large" contigs are artifically expanded because of contradictions between the radiation hybrid map position of one or more markers on the genetic map, and adjacencies computed from YAC linkage. Contigs that appear to overlap may represent places where missing YAC data prevents the contigs from merging, or, in some cases, contradictions between the order derived from the radiation hybrid map and the order derived from the STS content map.
- 3. The large central gap that appears on many of the radiation hybrid maps corresponds to the centromere.
- 4. Markers derived from expressed sequence tags (ESTs) or other expressed sequences are colored red.

This STS is part of singly-linked contig WC18.0:

			Map Po	sition	Co	ntig
	STS	Chrom	Genetic	RH	Single	Double
1	<u>WI-9527</u>	<u>Chr18</u>	-	-	<u>WC18.0</u>	<u>WC-1465</u>
2	CHLC.GGAT2G04	<u>Chr18</u>	-	-	<u>WC18.0</u>	<u>WC-1465</u>
3	CHLC.GGAT2G04.1217	<u>Chr18</u>	-	-	<u>WC18.0</u>	<u>WC-1465</u>
4	D18S59	<u>Chr18</u>	<u>0 cM</u>	-	<u>WC18.0</u>	<u>WC-1465</u>
5	D18S1140	<u>Chr18</u>	<u>0 cM</u>	-	<u>WC18.0</u>	<u>WC-1465</u>
6	<u>WI-7796</u>	<u>Chr18</u>	-	<u>15 cR</u>	<u>WC18.0</u>	-
7	<u>WI-9074</u>	<u>Chr18</u>	-	<u>12 cR</u>	<u>WC18.0</u>	<u>WC-1465</u>
8	<u>WI-5528</u>	<u>Chr18</u>	-	<u>7 cR</u>	<u>WC18.0</u>	-
9	<u>D18S476</u>	<u>Chr18</u>	<u>1 cM</u>	<u>0 cR</u>	<u>WC18.0</u>	-
10	<u>WI-7226</u>	<u>Chr18</u>	-	-	<u>WC18.0</u>	<u>WC-909</u>
11	AFMB324ZE5	<u>Chr18</u>	-	-	<u>WC18.0</u>	<u>WC-909</u>
12	AFMB082ZF1	<u>Chr18</u>	-	<u>5 cR</u>	WC18.0	<u>WC-909</u>
13	<u>D18S1146</u>	<u>Chr18</u>	<u>1 cM</u>	-	WC18.0	<u>WC-909</u>
14	<u>WI-3058</u>	<u>Chr18</u>	-	<u>5 cR</u>	<u>WC18.0</u>	<u>WÇ-909</u>
15	<u>D18\$1105</u>	<u>Chr18</u>	<u>1 cM</u>	-	<u>WC18.0</u>	<u>WC-909</u>
16	<u>WI-3730</u>	<u>Chr18</u>	-	<u>5 cR</u>	WC18.0	<u>WC-1576</u>
17	AFM077YD11	<u>Chr18</u>	-	-	WC18.0	<u>WC-1576</u>
18	D18S1098	<u>Chr18</u>	<u>4 cM</u>	-	<u>WC18.0</u>	<u>WC-1576</u>
19	<u>WI-7469</u>	<u>Chr18</u>	-	<u>16 cR</u>	WC18.0	<u>WC-1576</u>
20	<u>WI-7871</u>	<u>Chr18</u>	-	<u>22 cR</u>	<u>WC18.0</u>	WC-1576
21	<u>D18S481</u>	<u>Chr18</u>	<u>5 cM</u>	<u>21 cR</u>	WC18.0	<u>WC-1576</u>
22	<u>WI-4747</u>	<u>Chr18</u>	-	-	WC18.0	<u>WC-1576</u>
23	D18S1154	<u>Chr18</u>	<u>6 cM</u>	-	<u>WC18.0</u>	<u>WC-1576</u>
24	CHLC.ATA14B09	<u>Chr18</u>	-	-	WC18.0	<u>WC-1576</u>
25	<u>WI-7466</u>	<u>Chr18</u>	-	<u>27 cR</u>	<u>WC18.0</u>	WC-1576
26	D18S54	<u>Chr18</u>	<u>6 cM</u>	<u>25 cR</u>	WC18.0	WC-1576
27	<u>D18S63</u> ·	<u>Chr18</u>	<u>6 cM</u>	-	<u>WC18.0</u>	WC-1576
28	D18S459	<u>Chr18</u>	<u>6 cM</u>	<u>25 cR</u>	WC18.0	WC-1576
29	<u>WI-6014</u>	<u>Chr18</u>	-	-	WC18.0	WC-1576
	<u>WI-4219</u>	<u>Chr18</u>	-	<u>28 cR</u>	<u>WC18.0</u>	<u>WC-143</u>
31	AFM238YG3	<u>Chr18</u>	-	7	<u>WC18.0</u>	<u>WC-143</u>
32	D18S471	<u>Chr18</u>	<u>17 cM</u>	<u>28 cR</u>	<u>WC18.0</u>	<u>WC-143</u>
33	D18S458	<u>Chr18</u>	<u>17 cM</u>	-	<u>WC18.0</u>	<u>WC-143</u>

34	D18S452	<u>Chr18</u>	<u>17 cM</u>	-	WC18.0	<u>WC-143</u>
35	D18S62	<u>Chr18</u>	<u>17 cM</u>	-	WC18.0	WC-143
36	<u>WI-5627</u>	<u>Chr18</u>		28 cR	WC18.0	WC-143
37	CHLC.GATA82D03	<u>Chr18</u>	-	<u>28 cR</u>	WC18.0	WC-143
38	FB25F12	<u>Chr18</u>	-	-	WC18.0	WC-143
39	CHLC.GATA51H07	<u>Chr18</u>	-	-	WC18.0	WC-143
40	CHLC.GATA88A12	<u>Chr18</u>	-	<u>30 cR</u>	WC18.0	WC-143
41	<u>WI-9619</u>	<u>Chr18</u>	•	-	WC18.0	WC-143
42	AFMB346YA9	<u>Chr18</u>	-	-	WC18.0	WC-143
43	AFM323TC9	Chr18	· -	-	WC18.0	WC-862
44	<u>WI-5607</u>	Chr18	-	<u>36 cR</u>	WC18.0	WC-862
45	<u>WI-9017</u>	<u>Chr18</u>	-	<u>36 cR</u>	WC18.0	WC-862
46	AFM077YF7	<u>Chr18</u>	-	-	WC18.0	WC-934
47	<u>WI-8546</u>	<u>Chr18</u>	-	-	WC18.0	WC-934
48	CHLC.GGAA16G02	<u>Chr18</u>	-	-	<u>WC18.0</u>	WC-934
49	<u>D18S464</u>	<u>Chr18</u>	<u>32 cM</u>	<u>46 cR</u>	. <u>WC18.0</u>	WC-934
50	NIB1802	<u>Chr18</u>	-	<u>56 cR</u>	<u>WC18.0</u>	WC-934
51	D18S1153	<u>Chr18</u>	<u>34 cM</u>	-	<u>WC18.0</u>	<u>WC-934</u>
52	D18S1150	<u>Chr18</u>	<u>36 cM</u>	-	<u>WC18.0</u>	WC-934
53	<u>WI-4589</u>	<u>Chr18</u>	-	<u>58 cR</u>	<u>WC18.0</u>	<u>WC-934</u>
54	<u>WI-4319</u>	<u>Chr18</u>	-	<u>62 cR</u>	<u>WC18.0</u>	<u>WC-934</u>
55	D18S1158	<u>Chr18</u>	<u>38 cM</u>	-	<u>WC18.0</u>	<u>WC-934</u>
56	<u>D18S1116</u>	<u>Chr18</u>	<u>40 cM</u>	-	WC18.0	<u>WC-377</u>
57	<u>CHLC.GATA11A06.668</u>	<u>Chr18</u>	-	<u>48 cR</u>	<u>WC18.0</u>	<u>WC-377</u>
58	CHLC.GATA11A06	<u>Chr18</u>	-	<u>54 cR</u>	<u>WC18.0</u>	<u>WC-377</u>
59	<u>D18S53</u>	<u>Chr18</u>	<u>41 cM</u>	-	WC18.0	<u>WC-377</u>
60	<u>WI-9134</u>	<u>Chr18</u>	-	<u>52 cR</u>	<u>WC18.0</u>	<u>WC-377</u>
61	<u>IB1114</u> .	<u>Chr18</u>	-	-	<u>WC18.0</u>	<u>WC-377</u>
62	D18S482	<u>Chr18</u>	<u>41 cM</u>	<u>56 cR</u>	<u>WC18.0</u>	WC-377
63	<u>WI-2382</u>	<u>Chr18</u>	-	-	<u>WC18.0</u>	WC-377
64	<u>WI-6819</u>	<u>Chr18</u>	-	-	<u>WC18.0</u>	<u>WC-377</u>
65	<u>D18S71</u>	<u>Chr18</u>	<u>43 cM</u>	<u>84 cR</u>	WC18.0	WC-377
66	AFMA058YG5	<u>Chr18</u>	-	<u>80 cR</u>	<u>WC18.0</u>	WC-377
67	<u>WI-5506</u>	<u>Chr18</u>	-	<u>90 cR</u>	<u>WC18.0</u>	WC-377
68	<u>D18S453</u> .	<u>Chr18</u>	<u>43 cM</u>	<u>93 cR</u>	<u>WC18.0</u>	<u>WC-738</u>
69	<u>D18S73</u>	<u>Chr18</u>	<u>43 cM</u>	-	<u>WC18.0</u>	WC-377
70	STSG-10174	<u>Chr18</u>	-	-	WC18.0	WC-377

FIGURE 6C

71 CHLC.GCT5D07	<u>Chr18</u>	-	<u>101 cR</u>	WC18.0 WC	C-377
72 <u>WI-10768</u>	<u>Chr18</u>	•	-	WC18.0 WC	<u> -1182</u>
73 <u>D18S1149</u>	<u>Chr18</u>	<u>49 cM</u>	-	WC18.0 WC	<u>-1182</u>
74 <u>WI-1869</u>	<u>Chr18</u>	-	-	WC18.0 WC	<u>-1182</u>
75 <u>D18S1104</u>	<u>Chr18</u>	<u>49 cM</u>	-	WC18.0 WC	<u>-1182</u>
76 <u>AFMA205YH5</u>	<u>Chr18</u>	-	-	WC18.0 WC	<u>-1182</u>
77 <u>AFMB340VE5</u>	<u>Chr18</u>	-	-	WC18.0 WC	<u>-1182</u>
78 CHLC.GATA41G05	<u>Chr18</u>	-	<u>185 cR</u>	WC18.0 WC	-1182
79 <u>AFMB319WF9</u>	<u>Chr18</u>	-	-	WC18.0 WC	-1182
80 <u>D18S44</u>	<u>Chr18</u>	-	-	WC18.0 WC	<u>-1182</u>
Details on contig assembly.					

L'ENTRE DE LE CALLE L'ALLE L'A

MARKERNAME		aff 105	ntrans	control	
D18SAVA5	225	0.04	0.02		
	227	0.29	0.24		
	229	0.22	0.15		
	231	0.04	0.08		
	233	0.14	0.23		
	235	0.25	0.22		
	237	0.02	0.03		
	239	0.00	0.00		
D18SCA211	183	0.02	0.04	0.01	
	189	0.00	0.01	0.01	
	191	0.01	0.00	0.03	
	193	0.24	0.17	0.33	
	195	0.21	0.19	0.18	
	197	90.0	0.11	0.03	
	199	90.0	0.04	0.01	
	201		0.14	0.10	
	203		0.04	90.0	
	205	0.16	0.18	0.14	
	207		0.04	0.06	
	209	0.02	0.02	0.02	
	211	0.01	0.00	0.00	
	215		0.00	00.00	
	217		0.00	0.01	
			0 40	0.30	
D18SCA212	200		0.40	0.00	
	202		0.32	0.29	
	204	0.05	0.05	0.03	
	206		0.06	0.10	
	214		0.00	0.00	
	070	77.0	0 12	0 15	

		ап 105	ntrans	control		
	218	0.04	0.00	0.04		
D18S1140	256	90.0	0.07	90.0		
	268	0.77	0.72	0.73		
	270	0.02	0.00	90.0		
	272	0.03	0.03	0.03		
AND THE PROPERTY OF THE PROPER	274	0.00	0.00	0.00		
	276	0.03	90.0	0.02		
	278	0.02	90.0	0.05		
	280	0.04	90.0	0.02		
	282	0.01	0.00	0.02		
MARKERNAME		aff 105	ntrans	control		
D18S59	148	0.16	0.26	0.21		
	150	0.07	0.09	0.14		
	152	0.02	90.0	0.01		
	154	0.36	0.19	0.28	0.17	0.08
	156	0.04	0.04	90.0		
	158	0.22	0.21	0.13		
	160	0.04	0.08	0.05		
	162	0.05	90.0	0.05		
Lagran a source of the source	164	0.02	0.01	0.02		
	168	0.00	00.0	0.01		
D18STA201	214	0.02	0.00	0.00	A PERSONAL PROPERTY OF THE PRO	ONE-OFFICE WAS DESCRIBED.
The state of the s	220	0.00	0.09	0.04	A CONTRACTOR OF THE CONTRACTOR	The same of the sa
	222	0.01	0.00	0.01	CONTRACTOR OF THE PERSON OF TH	And the second s
	228	0.01	0.01	0.00		
	220	0.25	0 22	0.16	0 03	000

MARKERNAME		aff 105	ntrans	control	
	232	0.07	0.04	0.07	
	234	0.02	0.00	0.00	
	236	0.01	0.00	0.00	
	238	0.01	0.00	0.00	
	242	0.09	0.09	0.04	
	244	0.13	0.13	0.19	
	246	0.00	0.09	0.11	
	248	90.0	0.11	0.10	
	250	0.07	0.07	90.0	
	252	0.07	0.10	0.12	
	254	0.02	0.03	0.03	
	256	0.01	0.01	0.03	
	258	0.01	0.01	0.01	
	260	0.01	0.09	0.02	
	262	0.01	0.00	0.00	
D18SCA231	182	0.00	0.00	0	
	184	0.20	0.23	0.26	
	186	0.70	99.0	0.68	
	188	0.00	0.01	0.01	
	190	0.02	0.00	0.02	
	192	0.00	0.00	0.01	
	194	0.02	0.02	0	
	196	0.00	0.00	0	
	198	0.02	0.01	0	
	200	0.01	0.01	0.01	
	202	0.02	0.03	0.01	
				in the second	
MARKERNAME		aff 105	ntrans	control	

MAKKEKNAME		aff 105	ntrans	control		
D18SAT201	170	0.53	0.55	0.52		
	174	0.00	0.01	0.01		
	178	0.37	0.36	0.36		
4.0	182	0.01	0.00	0.00		
	186	0.07	90.0	0.07		
	190	0.01	0.00	0.00		
	194	0.01	0.01	0.03		
			o o	200		
D18SCA225	160	0.16	0.20	0.21		
	168	0.02	0.04	00.00		
	170	0.00	0.00	0.01		
	172	0.47	0.38	0.42	60.0	0.04
	174	0.22	0.24	0.26		
	176	0.04	0.04	0.05		
ALIEN CONTRACTOR CONTR	178	0.04	0.04	0.02		
	180	0.02	0.01	0.01		
	184	0.03	0.00	0.02		
D18SW3442	Ē	0.42	0.28	0.36	0.14	90.0
	12	0.01	0.01	0.01		
	14	0.07	0.11	0.11		
	16	0.12	0.17	0.12		
	18	0.18	0.15	0.14		
	20	0.05	0.09	0.09		
	22	0.08	0.10	0.11		
	24	0.05	0.08	0.03		
	26	0.00	0.00	0.02		
	38	0.00	00.00	0.00		
D18SCA213	112	0.12	0.17	0.07		
	120	0.00	0.05	0.01		
	122	0.03	0.03	0.04		
	124	0.44	0.37	0.46		

		2			
	126	0.30	0.24	0.35	
The second secon	128	0.08	0.11	90.0	
TOTAL	130	0.00	0.00	0.00	
	132	0.03	0.02	0.01	
D18SGAT201	142	0.04	0.06	0.02	
	146	0.08	0.08	90.0	
	150	0.61	0.62	69.0	
	154	0.15	0.15	0.12	
AND THE RESERVE AND THE PROPERTY OF THE PROPER	158	0.11	0.07	0.10	
	162	0.02	0.02	0.00	
D18SGAT203					
	188	0.42	0.37	0.38	
	192	0.12	0.14	0.17	
	196	0.01	0.04	0.01	
	200	0.02	0.04	0.01	
	204	90.0	0.02	0.04	
	208	0.19	0.21	0.20	
	212	0.11	0.11	0.11	
	216	60.0	0.07	0.08	
					the desired de
D18SCA219	221	0.00		0.01	
	223	0.00		0.00	3
	225	0.00		00.00	
	233	0.00		0.00	
	235	0.22		0.21	
	239	0.02		0.01	
	241	0.54		0.63	
	243	0.07		0.07	
	245	0.13		90.0	A A A A A A A A A A A A A A A A A A A
					Li de de A Maria
MARKERNAME		aff 105	ntrane	Confro	

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MAKKEKNAME		aff 105	ntrans	control	
D18S1105	5	0.16	0.11		1
	103	0.12	0.08		777
	105	0.03	0.02		
	81	0.02	0.01		
	83	0.01	0.02		and the state of t
	82	0.51	0.54		
	87	0.01	90.0		
	91	0.00	0.00		
	92	0.01	0.04		
	97	0.04	0.04		
	66	0.08	90.0		
	Į.	!	0	000	
D18SCA209	173	0.57	0.53	0.69	
	175	0.02	0.03	0.04	
	177	0.20	0.18	0.09	
	179	0.01	0.03	0.00	LAMBOR.
	181	0.19	0.24	0.18	
the same of the sa	187	0.00	0.00	00.00	and the second
D18SCA202	182	0.16	0.14		
and the same of th	184	0.02	0.00		
	186	0.01	0.01		
	190	0.09	0.02		
	192	0.10	0.16		
and the state of t	194	0.10	0.09		
	196	0.37	0.35		
The state of the s	198	0.09	0.10		
	200	0.05	0.08		
	202	0.00	0.03		
- Parity and a second a second and a second	208	0.00	0.00		
The state of the s					
D18S1146	270	0.32	0.35		
	272	0.07	0.10		
	274	09.0	0.51		

MARKERNAME		aff 105	ntrans	control	
	276	0.02	0.04		
D18S166D05	300	0.17	0.21	0.19	
444	304	0.16	0.12	0.14	
	308	0.18	0.18	0.13	
	312	0.35	0.26	0.36	**
	316	90.0	0.18	0.11	
	320	0.04	0.04	0.03	
	324	0.01	0.01	0.02	
D18S476	261	0.00	0.01	0.01	
	263	0.01	0.04	0.04	
	265	0.05	0.12	0.04	
	267	0.20	0.26	0.23	
	269	0.08	0.09	0.04	4
	271	0.56	0.38	0.54	***
	273	0.04	0.08	0.07	
	275	0.04	0.03	0.03	

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gazuı	1 150	1 150	1 154	1 158	1 150	1 146	1 146	1 154	0 146	0 158	1 150	1 150	1 150	1 150	1 154	1 150	1 154	1 150	1 150	1 158	1 154	1 146	1 154	1 142	1 154	1 158	1 158	1 146	1 158	1 158	1 150	1 142	1 150	1 158
	1 112	1 124	1 124	1 112	0 124	0 124	1 128	1 112	1 126	1 124	1 124	1 124	1 126	1 124	1 124	1 124	1 130	1 128	1112	1 124	1 124	1 126	1 126	1 126	0 124	0 126	1 124	1 124	0 124	0 124	0.124	0 124	1 128	1 124
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at201	1 178	1 170	1 170	1 170	0 186			1178	1 170	1 186	1 170		~	1 170		_		1 170				1 170	1 178	1.178	1178	1 170	0 186	0 178	1 178	1 170	0	0	-	1 178
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ca231	1 186	1 186	1 202	1 184	_			1 184		1 182	 	1 184	1 200	1 186	186	2,00	1 186	1 184	186	186		1 184	186		1 184	_	0	, c	1 186	1 186	. 186 0 186	0 184	1 202	1 186
69	1 158	1 158	1 150	1 158	\rightarrow			1 104	0.454	1,00	450	1 150	158	154	1,160				1 162	158	1 150	1 - 1 1 - 2 - 1	1 152	1.154	1 160	1 154	0 148	_	164	1 158	0.454	0 148	1 150	1 158
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1140	1 268	1 256	1 268	1 268	1 268	1 268	1 268	1.268	1 268	1.268	1 276	1 268	1 268	1 268	1 268	1 268	1 268	1 268	1 268	1 268	1 268	1 268	1 268	1 268	1 268	1 268	1.268	1 268	0 270	0 268	1 268	1 268	1 268
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ca213	1 128	1 124	1 126	1 112	1 126	1 112	1 124	1 126	1 126	1 126	1 132	1.124	1 126	1 126	1 128	1 124	1 126	1 128	1.122	1 (22	1 126	1 126	1 126	1 126	1 128	1 124	1.124	1 126	0 124	0 124	1 124	1 124	1 124	1 124
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at201	1.178	1 178	1 178	1 178	1 178	1.178	0	0	1 170	1 170	1 170	1.178	1 1 1 7 8	1 170	1 178	1.178	1 178	1.178	1 170	1.170	1.178	1 170	1 170	1 170	0	0	1 178	1 1 1 7 0	1 170	1 170	1 170	1 186	1 170	1 178
ta201	1 232	1 248	1 230	1 244	1.232	1.242	0	0	1 246	1.250	1 220	1 230	1 252	1 220	1 246	1 230	1 230	1 234	1.232	1.232	1.230	1 244	1 244	1 244	0	0	1.230	1 230	1 254	1 244	1 236	1 252	1 214	1 230
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PAN MAN ca212 140 59 ca231 la201 plocazes 580 582 202 1256 1158 1186 1244 1170 1174 1 1 380 204 0.270 1158 1186 1244 1170 1174 1 0 0.204 0.270 1168 1186 1244 1170 1172 1 1 202 0.270 1168 1186 1244 1170 1172 1 1 202 0.276 1148 186 1244 1170 1172 1 1 202 0.276 1148 186 1230 178 174 0 1 2 200 1.268 1.186 1.230 1.78 1.74 0 1 2 200 1.268 1.186 1.230 1.78 1.74 0 1 2 200 1.268 1.186 1.230 1.78<		_	~	~	~	~	_	~	~	_	_	0	0	_	_	•	۲	_	_	0	0	0	0	0	0	_		0	0		~	_	_	-	\square
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ca202	196	1 192	1 196	1 192	1 198	1 194	0 196	0 196	1 200	1 198	1 182	1 190	1 194	1 196	1 198	1 196	1 198	1 182	0 200	0 182	0 196	0 196	1 196	1 196	1 182	194	1 194	1 196	1 196	1 182	1 196	1 190	1 196	1 196
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ca209	177	177	177	177	175	173	181	173	1 173	177	177	177	173	173	177	173	177	173	187	173	181	173	173	181	173	173	173	173	173	181	173	173	177	173
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ca219	241	245	245	245	243	245	235	235	241	241	241	235	241	239	245	241	241	241	241	235	241	235	241	235	241	239	241	241	241	235	243	241	241	241

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166d05	312	304	312	312	304	300	304	312	304	304	312	308	300	320	312	312	312	304	312	300	304	300	312	312	320	300	304	316	316	312	312	312	300	300
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ca202	1 192	1 182	0 194	0 202	0 196	0 208	1 198	1 190	1 196	1 196	1 194	1 192	1 196	1 184	1 196	1 182	0 190	0 190	0 196	0 192	0	0	1 194	1 182	1 182	1 194	1 200	1 182	1 190	1 182	1 196	1 182	1 194	1 106
ca209	0 173	0 173	1 181	1 177	1 181	1 173	1 173	1 173	1 177	1 181	1 177	1 173	1 181	1 173	1 177	1 181	0 181	0 173	1 181	1 173	4	_	1 173	1 177	1 173	1 173	1 173	1 173	1 181	1 181	1 179	1 179	0 181	0 173
1105	85	103	~		~	_					~						~			_													85	101
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ca219	241	241	245	235	241	235	241	241	245	235	245	245	235	241	245	235	241	235	241	235			241	241	241	241	241	241	241	235	235	235	235	241

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1146	0 274	0 270	1 274	1 272	1 270	1 274	0 274	0 270	1 274	1 270	1 274	1 274	1.274	1.274	1 274	1 270	1 270	1 270	1.274	1.274	1 274	1 270	0 270	0 274	0 274	0 274	1 270	1 270	1 274	1 270	1 274	1 270	0 270	
ca202	0 196	0 190	1 196	1 196	0 192	0 184	~	-	0 190	0 198	0 182	0 196	1 182	1.182	1 196	1 196	1 186	1 182	1 184	1 184	1 190	1 196	1 196	1 192	0 196	0 192	1 196	1 194	1 192	1 192	1 182	1 182	1 196	
ca209	177	173	181	181	177	173	177	173	181	173	177	173	177	177	175	173	173	173	181	181	173	175	173	173	181	173	173	173	173	173	173	181	177	
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ca219	243	241	235	235	241	245	241	241	241	235	241	241	245	245	241	241	241	239	235	235	241	245	241	243	241	235	241	241	241	225	241	241	245	

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166d05	1 312	1 312	1 312	1 304	1 304	1 312	1 312	1 304	1 312	1 312	1 312	1 308	1 300	1 300	1 300	1 308	1 300	1 312	0 308	0 300	1 308	1 304	0 312	0 300	0 312	0 312	1 304	1 312	1 308	1 320	1 304	1 312	1 316	1 312
1146	274	272	274	276	270	270	270	270	274	274	274	274	274	274	274	274	274	270	274	272	1 274	274	274	270	274	270	270	274	274	274	274	274	270	270
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ca202	1 190	1 198	0 198	0 196	1 196	1 190	1 200	1 186	1 200	1 196	1 200	1 200	1 194	1 196	1 198	1 196	1 196	1 192	0 194	0 182	1 196	1 196	0 196	0 194	1 196	1 192	1 198	1 196	1 196	1 182	0 198	0 194	1 196	1 192
ca209	173		177		173	173	173	173	173	181	173	173	173	181	17.5	175	181	181	181	0 173	0 173	0 173	177	173	173	173	173	173	173	173	177	173	177	181
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ca219			241	241	241	241	241	241	243	235	241	243	241	241	243	243	235	235	241	235	243	241	241	241	241	241	243	241	241	241	245	241	241	235

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:a219		1105		ca209		ca202		1146		166d05		476	
141	_	103	0	177	0	190	0	270	0	304	1	0 271	~
7		85	0	173	0	196	0	274	0	312	0	271	_
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245	~	105	~	177	-	194	_	274	~	320	~	1 267	0
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141		85	0	173	0	196		270	0	304	0	0 267	_

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ga203	1 188	1 192	1 216	1 192	1 212	1 200	1 208	1 216	0 188	0 188	1 188	1 188	1 188	1 192	1 188	1 208	1 188	1 208	0 188	1 188	1 208	1 216	1 208	1 208	0 208	1 188	1 188	1 188	1 208	1 192	1 188	1 188	1 188	1 216
ga201	1 150	1 150	1 150	1 142	1 146	1 150	1 142	1 146	1 150	1 150	1 146	1 142	1 158	1 150	1 154	1 150	1 154	1 158	1 150	1 158	1 150	1 150	1 150	1 150	1 150	0 146	1 150	1 162	1 150	1 150	1 150	1 150	1 142	1 150
ca213	1 124	1 124	1 120	1 124	1 124	1 124	1 124	1 124	1 124	1 124	1 126	1 124	1 124	0 126	1 112	1 122	1 112	1 112	1 112	1 126	1 112	1 120	1 124	1 122	1 112	1 124	1 112	1 124	1 124	1 126	1 128	1 126	1 124	1 120
w3442	1 16	1 20	1 20	1 16	1 18	1 20	1 10	1 16	1 24	1 10	0 22	0 10	14	0 10	0 14	1 14	1 12	1 14	1 24	1 18	1 10	1 20	1 16	1 18	1 24	1 10	0 10	0 14	1 22	1 10	1 14	1 10	1 10	1 18
ca225		1 172	1 172	1 172	1 174	1 168	1 174	1 184	1 160	1 172	1 172	1 172	1 160	0 168 (1 172	1 172	1 172	1 160	1 160	1 174	1 174	1 172	1 172	1 172	1 178	1 174	0 160 (0 160	0 172	1 172	1 168	1 176	1 172	1 172
at201	194	1 170	1 170	1 170	1 186	1 178	1 186	1 170	1 170	1 186		1 178	1 170	1 170	1 178	1 170	1 178	1 170	1 170	1 178	1 186	1 170	1 170	1 170	1 170	1 170	1 170	1 170	1 170	1 170	1 178	1 178	1 178	1 170
ta201	1 246	1 252	1 252	1 244	1 252	1 230	1 248	1 248	1 246	0 254	1 248	1 230	1 244	1 242	1 250	1 246	1 232	1 220	1 220	1 250	1 230	1 252	1 248	1 230	0 246	0 250	1 244	1 244	1 230	1 242	1 230	1 230	1 230	1 252
ca231	1 186	1 184	1 184	1 186	1 184	1 186	1 184	1 184	0 188	1 184	1 186	1 186	1 186	1 186	1 186	1 186	1 186	1 202	1 204	1 186	1 186	1 184	1 184	1 186	1 184	1 184	1 186	1 186	1 202	1 186	1 186	1 186	1 186	1 184
59	1 148	1 148	1 156	1 148	1 148	1 158	1 152	1 158	1 154	0 150	1 150	1.154	1 158	1 150	1 164	0 160	1 158	1 148	1 148	1 154	1 154	1 148	1 160	1 160	1 148	1 158	1 150	1 160	1 148	1 150	1 158	1 152	1 152	1 148
1140	1 268	1 278	1 268	1 268	1 268	1 268	1 268	1 280	1 268	1 268	1 268	1 256	0 268	1 268	1 268	1 256	1 280	1 268	1 268	1 272	1 268	1 278	1 268	1 268	1 268	1 256	1 278	1 268	0 268	1 256	1 268	1 268	1 268	1 278
ca212	1 216	1 202	1 202	1 202	1 200	1 200	1 200	1 216	1 200	1 200	1 204	1 200	1 200	1 200	1 200	1 200	1 200	1 200	1 202	1 206	1 200	1 202	1 216	1 200	1 202	1 202	0 216	1 204	0 202	1 200	1 200	1 216	1 200	1 200
ca211	1 193	1 205	1 197	1 195	1 205	1 195	1 197	1 203	1 193	1 193	1 195	1 193	1 205	1 201	1 197	1 207	1 193	1 207	1 205	1 189	1 197	1 195	1 199	1 197	1 197	1 193	_	1 193	1 193	1 195	1 195	1 183	1 205	0 193
sava5	235	233	235	235	227	227	233	233	235	231	233	235	233	227	229	227	233	229	233	233	235	233	235	233	227	227	229	233	231	235	227	225	233	227
ΑĐ	200	200	204	204	207	207	214	214	215	216	218	218	220	225	228	229	231	231	232	234	236	236	238	238	239	241	243	243	246	247	247	248	248	251
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ERS	279	280	349	309	277	278	459	460	270	259	272	273	267	264	260	257	298	599	310	261	697	869	456	457	312	342	347	274	262	302	303	334	333	_

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ga203	1 188	1 192	1 208	1 188	1 208	1 212	1 212	1 208	1 188	0	0 192	1 208	1 192	1 208	0 188	1 188	1 192	1 208	1 216	1 188	1 188	1 212	0 188	1 188	1 200	1 196	1 188	1 188	1 212	1 204	0 188	1 188	1 188	1 188
ga201	1 150	0 150	1 154	1 154	0 158	1 154	1 150	1 150	1 154	0	0 146	1 154	1 150	1 162	0 150	1 150	1 146	1 150	0 154	1 150	1 150	1 150	1 142	0 150	1 150	1 154	1 150	1 150	1 150	1 150	1 150	1 158	1 146	1 150
ca213	124	124	112	126	124	128	124	128	112		124	124	126	1 124	1 112	1 132	128	128	124	132	126	124	124	124	126	112	126	120	124	112	112	124	112	124
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w3442	1 24	1 16	1 22	1 22	1 16	1 20	1	1 10	1 14	0 16	0 20	1 18	1 20	1 16	1 10	1 22	1 18	1 10	1 10	1 22	1 18	1 18	1 10	1 14	18	1 28	1 18	1 18	1 10	0 16	0 24	1 14	1 10	1 16
ca225	1 172	1 174	1 172	0 172	1 174	1 184	1 172	1 172	1 174	0	1 172	1 160	1 176	1 172	0 160	1 160	1 178	0 172	1 172	1 160	1 174	1 172	1 160	1 174	1 172	1 184	1 172	0 174	1 172	1 172	_	1 174	1 184	1 174
at201	1 170	1 170	1 194	1 170	1 178	1 178	0 170	1 170	1 170	0	1 170	1 170	1 170	1 178	1 170	1 178	1 170	1 170	1 178	1 178	1 186	1 170	1 178	0 170	1 178	1 178	1 178	1 178	1 170	1 170	1 178	1 170	1 178	1 170
ta201	1 252	1 252	1 230	1 250	1 260	1 230	-	1 248	1 244	0	0 220	1 244	1 244	1 256	0 244	1 248	1 220	0 230	1 230	1 248	1 230	1 250	1 230	0 244	1 244	1 244	1 244	1 242	1 246	1 242	1 232	1 248	1 248	0 248
ca231	1 184	1 184	1 186	1 184	1 186	1 184	1 186	1 184	1 186	0	0 186	1 186	1 186	0 184	_	1 186	1 194	1 186	0 186	1 186	1 186	1 186	1 186	1 184	1 186	1 186	1 186	1 186	1 186	1 186	1 186	1 184	1 186	1 182
29	1 148	1 148	1 148	1 160	1 160	1 158	1 162	1 148	1 152	0 154	1 154	1 154	1 148	1 148	1 154	1 162	0 154	1 154	1 154	1 162	1 162	1 162	1 154	1 150	1 158	1 154	1 158	1 158	1 156	1 154	1 158	1 148	1 156	1 158
1140	1 276	0 268	0 268	1 280	1 268	1 268	1 268	1 268	1 268	0 256	0 268	1 268	1 276	1 268	0 276	1 268	1 268	1 268	0 256	1 268	1 268	0 268	1 268	1 268	1 272	1 276	1 272	1 268	1 256	1 268	1 268	1 268	1 268	1 268
ca212	1 200	1 200	1 200	1 216	1 202	1 200	1 202	1 200	1 202	0	0 200	1 202	1 202	1 202	1 200	0 200	1 200	1 202	1 202	1 200	1 202	1 202	1 202	1 202	1 204	1 216	1 204	1 200	1 200	1 202	1 200	1 206	1 200	1 200
ca211	0 205	1 193	1 193	1 197	0 195	1 205	1 195	1 195	1 201	0	1 201	1 193	1 201	1 197	0 199	1 201	0 207	1 195	1 205	1 205	1 201	0 195	1 193	0 201	1 203	1 205	1 197	1 195	1 193	1 195	1 205	1 201	1 193	0 197
sava5	227	231	229	229	227	227	227	227	227	227	237	227	227	233	229	233	225	231	235	233	231	227	227	227	231	229	229	227	235	227	235	235	233	233
KID				254	265	311	314	314	316			326	326	329	331	351	353	356	357	359	359				384	409	409	413	413	435	443	458	473	484
ERSN	301			467	766	485	313	348	317	-	320		325 (330	476	354	352 (362	358	365	378	360	ĺ	370	389	408 4	410 4	414 4	412 4	433 4	444 7	551 4	472 4	482 4

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ga203	1 188	1 188	1 188	1 212	1 208	1 188	0	1 204	_	1 192	1 208	1 212	1 192	1 188	1 208	1 212	1 200	0 212	1 216	1 188	1 188	1 188	1 192	1 192	1 196	1 192	1 188	1 208	1 196	
ga201	1 150	1 150	1 142	1 146	1 154	1 150	0	1 150	0 150	1 150	1 150	1 150	1 150	1 158	1 150	1 150	1 150	1 142	1 150	1 154	1 150	1 150	1 150	1 150	1 150	1 154	1 154	1 150	1 150	
ca213	0 124	1 112	1 124	1 126	1 126	1 126	0	0 128	1 124	1 126	1 112	1 124	1 128	1 124	1 124	1 128	1 126	1 126	1 124	1 124	1 126	1 126	1 122	1 126	1 128	1 126	1 128	1 124	1 126	
w3442	1 10	1 24	1 16	1 22	1 10	1 10	0	1 10	0 10	1 10	1 24	1 18	1 18	1 10	1 16	1 10	1 10	1 22	1 10	1 10	1 16	1 22	1 14	1 10	1 16	1 10	1 16	1 10	1 20	
ca225	1 172	1 160	1 174	1 172	1 176	1 174	0	1 180	1 168	0 172	0 160	1 160	1 178	1 174	1 184	1 184	1 160	1 160	1 160	1 160	1 172	1 172	1 160	1 174	1 172	1 174	1 168	1 174	1 174	
at201	1 178	1 170	1 170	1 170	1 170	0 170	0	1 170	1 178	1 170	1 170	1 170	1 170	1 170	1 170	1 178	1 170	1 170	1.178	1 178	1 178	1 178	0 170	1 170	1 178	1 170	1 178	1 174	1 170	
ta201	0 230	1 220	1 254	1 230	1 242	_	0	1 242	1 230	1 242	1 232	1 250	1 220	1 246	1 246	1 220	1 244	1 228	1 232	1 230	1 230	1 242	_	1 246	1 252	1 254	1 230	1 252	1 220	
ca231	1 186	1 184	1 184	1 186	1 186	1 184	0	1 186	1 186	1 186	1 186	1 184	194	1 186	1 186	1 202	1 186	0 186	1 186	1.186	0 186	1 186	1 186	1 186	1 186	1 184	1 186	1 200	1 198	
20	1 154	1 148	1 148	1 158	1 152	1 148	0	1 158	0 154	1 150	1 158	1 160	1 154	1 158	1 148	1 148	1 154	1 154	1 154	1 154	0 154	1 154	1 158	1 158	1 150	1 148	1 158	1 156	1 148	
1140	1 256	1 268	1 268	1 280	1 268	1 268	0	0 268	1 268	1 268	1 268	1 268	1 268	1 256	1 278	1 268	1.268	1 268		1 268	1 268	1 280	1 268	1 268	1 268	1 268	1 268	0 278	0 268	
ca212	1 202	1 202	1 202	1 216	1 216	1 200	0	1 200	1 200	1 200	1 200	1 202	1 200	1 200	1 200	1 202	0 200	1 206	1 202	1 206	1 206	1 202	1 216	1 202	1 202	1 200	1 200	1 200	1 200	
ca211	1 201	1 205	1 193	1 183	1 183	1 205	0	1 205	0 201	1 201	1 205	1 195	1 207	1 199	1 199	1 201	_	1 203	1 195	1 201	1 201	1 209	1 183	1 203	1 209	1 205	1 195	1 201	1 195	
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DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR TREATING BIPOLAR MOOD DISORDER ASSOCIATED WITH MARKERS ON CHROMOSOME 18P

the specifica	ation of which:
	[] is attached hereto.
UCAL-250/	[X] was filed on November 24, 1997, and identified as Attorney Docket No 02US.
	[] was filed on, as Application Serial No.
and	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

[] the amendment(s) of which were filed on .

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) (Country) (Number) (Day/Month/Year Filed) Priority Claimed (Yes/No)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

60/023,438	August 23, 1996		
(Application Number)	(Filing Date)		
(Application Number)	(Filing Date)		

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Appl. Ser. No.	Filing Da	<u>te</u> <u>S</u>	tatus (Pat'd./Pend./Aband.)
08/916,683	8/22/97	P	ending
I hereby appoint:			
Richard L. Neeley Willis E. Higgins Tom M. Moran John W. Girvin, Jr. Nina M. Ashton Jackie N. Nakamura Peter R. Leal James A. Bradburne	30,092 23,025 26,314 22,706 37,273 35,966 24,226 38,389	Marcella Lillis Craig P. Opper Melya J. Hughe Brian Lewis Gurjeev K. Sacl Alexandra J. Ba Saul A. Seinber David R. Stever	38,696 32,502 adeva 37,434 ran 39,101 g 24,840

my attorneys and agents with full power of substitution and revocation to prosecute my above-identified application for Letters Patent and to transact all business in the Patent Office connected therewith.

I further direct that correspondence concerning this application be directed to

COOLEY GODWARD LLP
Five Palo Alto Square
3000 El Camino Real
Palo Alto, California 94306-2155
Attention: Patent Group
Telephone (650) 843-5000.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's signature	Date		
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Inventor's signature	Date		
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Full name of third inventor: Pedro Leon			
Inventor's signature	Date		
Residence:	Centro de Investigaciones Biologia, University of Costa Rica, San Jose, Costa Rica		
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Full name of fourth inventor: \	Victor I. Reus		
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Full name of fifth inventor: Mic	chael Escamilla		
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